NHS
Queen Victoria Hospital
NHS Foundation Trust

Business Meeting of the Board of Directors

Thursday 12 January 2023

Session in public
10.00-12.00
Education Centre, QVH

MEMBERSHIP
BOARD OF DIRECTORS
January 2023

Members (voting):

Trust Chair	-	Jackie Smith
Senior Independent Director	-	Gary Needle
Non-Executive Directors	-	Paul Dillon-Robinson
	-	Kevin Gould
	-	Karen Norman
Chief Executive	-	Steve Jenkin
Medical Director	-	Tania Cubison
Chief Nurse	-	Nicky Reeves
Chief Finance Officer (interim)	-	James Drury

In full attendance (non-voting):

Director of Operations	-	Shane Morrison-McCabe
Director of Communications and Corporate Affairs	-	Clare Pirie
Director of Workforce (interim)	-	Lawrence Anderson
Deputy Company Secretary	-	Leonora May

Annual declarations by directors 2022/23

Declarations of interests

As established by section 40 of the Trust's Constitution, a director of the Queen Victoria Hospital NHS Foundation Trust has a duty:

- to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the foundation trust.
- not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.
- to declare the nature and extent of any relevant and material interest or a direct or indirect interest in a proposed transaction or arrangement with the
- foundation trust to the other directors.

To facilitate this duty, directors are asked on appointment to the Trust and thereafter at the beginning of each financial year, to complete a form to declare any interests or to confirm that the director has no interests to declare (a 'nil return'). Directors must request to update any declaration if circumstances change materially. By completing and signing the declaration form directors confirm their awareness of any facts or circumstances which conflict or may conflict with the interests of QVH NHS Foundation Trust. All declarations of interest and nil returns are kept on file by the Trust and recorded in the following register of interests which is maintained by the Deputy Company Secretary.

Register of declarations of interests

	Relevant and material interests							
	Directorships, including non-executive directorships, held in private companies or public limited companies (with the exception of dormant companies).	Ownership, part ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS or QVH.	Significant or controlling share in organisations likely or possibly seeking to do business with the NHS or QVH.	A position of authority in a charity or voluntary organisation in the field of health or social care.	Any connection with a voluntary or other organisation contracting for NHS or QVH services or commissioning NHS or QVH services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with QVH, including but not limited to lenders of banks.	Any "family interest": an interest of a close family member which, if it were the interest of that director, would be a personal or pecuniary interest.	Other
Non-executive and executive members of the board (voting)								
Jackie Smith Trust Chair	Former CEO Nursing and Midwifery Council	Director, Wenurses social media platform	Nil	Nil	Nil	Nil	Nil	Nil
Paul Dillon-Robinson Non-Executive Director	Trustee/ Director, Hurst Educational Trust Trustee/ Director, Association of Governing Bodies of Independent Schools	Independent consultant (self-employed) – see HFMA	Nil	Nil	Nil	Independent consultant working with the Healthcare Financial Management Association (including NHS operating game, HFMA Academy and coaching and training)	Chair of the Audit, Risk and Assurance Committee for one of the organisations within the MoD Non-executive member of the ARAC for Rural Payments Agency, and for Defra. Non-trustee member of Finance Risk and Audit Committee of Farm Africa. Governor at Hurstpierpoint College and trustee of the Association of Governing Bodies of Independent Schools. Churchwarden for Parish of Buxted & Hadlow Down, trustee of Friends of St	From 1/6/21 : Chair of the Audit Risk and Assurance Committee for one of the MoD's Top Level Budget organisations. From 8/11/21 : Non-Executive Director Chair of ARAC, and member of Agency Management Board for Rural Payments Agency, ex-officio member of Defra ARAC Already : Non-trustee member of Finance Risk and Audit Committee of Farm Africa. Shadow governor of Hurst Education Trust. Trustee of the Association of Governing Bodies of Independent Schools.

							Margaret, and St Marks House School trust.	Churchwarden for Parish of Buxted & Hadlow Down, trustee of Friends of St Margaret, and St Marks House School trust
Kevin Gould Non-Executive Director	Director, Sharpthorne Services Ltd	Nil	Nil	Independent Member of the Board of Governors, Staffordshire University. Director and Chair of the Audit & Risk Committee at Grand Union Housing Group. Director, Look Ahead Care & Support. Trustee, Centre for Alternative Technology.	Director, Look Ahead Care & Support.	Nil.	Nil	Nil
Gary Needle Senior independent director	T&G Needle Property Development Ltd	Nil	Nil	Chair of Board of Trustees, East Grinstead Sports Club.	Nil	Nil	Nil	Nil
Karen Norman Non-Executive Director	Nil	Nil	Nil	Nil	Visiting Professor, Doctorate in Management Programme. Complexity and Management Group, Business School, University of Hertfordshire. Visiting Professor, School of Nursing, Kingston University and St George's, University of London.	Nil	Nil	Nil
Steve Jenkin Chief Executive	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Tania Cubison Medical Director	Nil	I undertake private practice at the McIndoe Centre and also I am a Medio legal expert. This	Nil	National Chair of the Emergency Management of severe burns senate (part of	Nil	Nil	Spouse (Ian Harper) is the director of welfare for BLESMA (the military charity for	Nil

		is as a sole trader, not a limited company.		the British Burn Association)			amputees). He is in a salaried post and does signpost people to QVH.	
James Drury Chief Finance Officer (interim)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nicky Reeves Chief Nurse	Nil	Nil	Nil	Trustee of McIndoe Burns Support Group	Nil	Nil	Nil	Nil
Other members of the board (non-voting)								
Shane Morrison-McCabe Director of Operations	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Lawrence Anderson Director of Workforce & OD (interim)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Clare Pirie Director of Communications & Corporate Affairs	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Fit and proper persons declaration

As established by regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the regulations"), QVH has a duty not to appoint a person or allow a person to continue to be a governor of the trust under given circumstances known as the "fit and proper person test". By completing and signing an annual declaration form, QVH governors confirm their awareness of any facts or circumstances which prevent them from holding office as a governors of QVH NHS Foundation Trust.

Register of fit and proper person declarations

	Categories of person prevented from holding office						
	The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged.	The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.	The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40).	The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.	The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.	The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.	The person has been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.
Non-executive and executive members of the board (voting)							
Jackie Smith Trust Chair	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Paul Dillon-Robinson Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kevin Gould Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gary Needle Senior Independent Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Karen Norman Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tania Cubison Medical Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
James Drury Chief Finance Officer (interim)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nicky Reeves Chief Nurse	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other members of the board (non-voting)							
Shane Morrison- McCabe Director of operations	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lawrence Anderson Director of Workforce & OD (interim)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Clare Pirie Director of Communications & Corporate Affairs	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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10.00-12.00

Agenda: session held in public				
WELCOME				**Time**
191-23	**Welcome, apologies and declarations of interest** *Jackie Smith, Trust Chair*			10.00
STANDING ITEMS		**Purpose**	**Page**	
192-23	**Patient story**	*Assurance*	-	10.02
193-23	**Draft minutes of the public meeting held on 3 November 2022** *Jackie Smith, Trust Chair*	*Approval*	10	10.12
194-23	**Matters arising and actions pending from the public meeting held on 3 November 2022** *Jackie Smith, Trust Chair*	*Review*	19	10.15
195-23	**Chair's report** *Jackie Smith, Trust Chair*	*Assurance*	20	10.20
196-23	**Chief executive's report** *Steve Jenkin, Chief Executive*	*Assurance*	22	10.25
TRUST STRATEGY				
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services				
197-23	**Board Assurance Framework KSO1 & KSO2** *Nicky Reeves, Chief Nurse* *Tania Cubison, Medical Director*	*Assurance*	32	10.35
198-23	**Corporate Risk register (CRR)** *Nicky Reeves, Chief Nurse*	*Review*	34	10.38
199-23	**Quality and Safety report** *Nicky Reeves, Chief Nurse* *Tania Cubison, Medical Director*	*Assurance*	55	10.45
200-23	**Six-monthly nursing workforce review** *Nicky Reeves, Chief Nurse*	*Assurance*	69	10.50
201-23	**General Medical Council national training survey 2022** *Tania Cubison, Medical director*	*Assurance*	81	11.00
202-23	**Quality and Governance assurance** *Karen Norman, Non-executive Director and Committee Chair*	*Assurance*	92	11.05
Key strategic objectives 3 and 4: operational excellence and financial sustainability				
203-23	**Board Assurance Framework KSO3 & KSO4** *Shane Morrison-McCabe, Director of Operations* *James Drury, Interim Chief Finance Officer*	*Assurance*	95	11.08

204-23	**Operational performance** *Shane Morrison-McCabe, Director of Operations*	*Assurance*	97	11.11
205-23	**Financial performance** *James Drury, Interim Chief Finance Officer*	*Assurance*	106	11.16
Key strategic objective 5: organisational excellence				
206-23	**Board assurance framework KSO5** *Lawrence Anderson, Interim Director of Workforce and OD*	*Assurance*	125	11.21
207-23	**Workforce monthly report** *Lawrence Anderson, Interim director of Workforce and OD*	*Assurance*	126	11.23
208-23	**Equality and diversity annual report** *Lawrence Anderson, Interim director of Workforce and OD*	*Approval*	135	11.28
209-23	**Financial, operational and workforce performance assurance** *Paul Dillon-Robinson, Non- executive Director and Committee Chair*	*Assurance*	197	11.35
GOVERNANCE				
210-23	**Digital sub-committee** *Clare Pirie, Director of communications and corporate affairs* *Kevin Gould, Non-executive director and Chair of Digital Board*	*Approval*	200	11.38
211-23	**Audit committee assurance** *Kevin Gould, Non- executive Director and Committee Chair*	*Assurance*	283	11.48
MEETING CLOSURE				
212-23	**Any other business (by application to the Chair)** *Jackie Smith, Trust Chair*	*Discussion*	-	11.50
MEMBERS OF THE PUBLIC				
213-23	*We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to Leonora.may1@nhs.net clearly marked "Questions for the board of directors". Members of the public may not take part in the Board discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.* *Jackie Smith, Trust Chair*			
214-23	*Further to paragraph 39.1 and annex 6 of the Trust's Constitution, it is proposed that members of the public and representatives of the press shall be excluded from the remainder of the meeting for the purposes of allowing the Board to discuss issues of a confidential or sensitive nature. Any decisions made in the private session of the Trust Board will be communicated to the public and stakeholders via the Chair's report.* *Jackie Smith, Trust Chair*			

Document:	Minutes (Draft & Unconfirmed)	
Meeting:	**Board of Directors (session in public)** **10.00-12 noon 3 November 2022** **Education centre, QVH**	
Present:	Jackie Smith	Trust Chair (voting) (chair)
	Paul Dillon-Robinson (PDR)	Non-executive director (voting)
	Kevin Gould (KG)	Non-executive director (voting)
	Karen Norman (KN)	Non-executive director (voting)
	Steve Jenkin (SJ)	Chief executive (voting)
	James Drury (JD)	Interim Chief finance officer (voting)
	Nicky Reeves (NR)	Chief nurse (voting)
	Lawrence Anderson (LA)	Interim Director of workforce (non-voting)
	Shane Morrison- McCabe (SMM)	Director of operations (non-voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
	Ian Francis (IF)	Deputy Medical director (non-voting)
In attendance:	Leonora May (LM)	Deputy company secretary (minutes)
Apologies:	Gary Needle (GN)	Senior independent director (voting)
	Tania Cubison (TC)	Medical director (voting)
Members of the public:	Three public governors, and one patient for item 155-22	

Welcome	
154-22	**Welcome, apologies and declarations of interest** The Chair opened the meeting, welcoming members of the Board, attendees and members of public in attendance including three public governors. The Chair reminded members of the public that they were invited to observe the meeting in public but not to participate in discussions. Apologies were received from TC and GN. There were no declarations of interest other than those already recorded on the register.
Standing items	
155-22	**Patient story** The Board welcomed a patient who had joined the meeting to give an account of his recent experience at QVH. The patient explained that he had received surgery for mouth cancer at QVH and that the care and after care he received at the hospital was exceptional. The patient had written a letter to the chief executive with compliments to the particular members of staff involved with his care and NR confirmed that this feedback has been passed onto the individuals named. The Board expressed thanks to the patient for joining the meeting to share his positive story and wished him well.
156-22	**Freedom to Speak Up Guardian update** SP presented the freedom to speak up guardian update to the Board who noted that there has been a higher level of activity during the last six months, primarily during May, June and July. Board members raised concern regarding the clusters of issues within particular teams and asked how far the freedom to speak up information correlates with other sources of information, such as whistle blowing and grievances, and what action is taken regarding

	clusters of issues within teams which indicate there are cultural issues. In response, NR confirmed that she meets with the freedom to speak up guardian each month to discuss trends which require escalation and that where issues are identified, support is provided promptly. The Board also noted that there are resources available, such as a practitioner within the organisational development team and the Trust's external organisational development support, who are able to provide support and interventions to teams who are in need. The Board **noted** the contents of the freedom to speak up guardian report. [SP left the meeting.]
157-22	**Guardian of Safe Working update** IF presented the report to the Board who noted that the rotas for the period are compliant, with rota gaps being filled by bank staff. The plastics team rota has improved, and improvements are still required for the maxillofacial rota. This work is in progress and ongoing. KN reported that the quality and governance committee had raised concern regarding the risk of staff committing to additional hours and becoming tired at work. The Board noted that the human resources team are considering how the Trust can monitor this going forwards. The Board noted that Joy Curran is standing down from the role of guardian of safe working after four years and extended thanks to her. Jennifer O'Neill will take over this role in due course. The Board **noted** the contents of the guardian of safe working report.
158-22	**Draft minutes of the public meeting held on 1 September 2022** The Board **agreed** that the draft minutes of the public meeting held on 1 September 2022 were a true and accurate record of that meeting and **approved** them on that basis. During item 143-22, the Board had requested that further work be undertaken with disabled and ethnically diverse staff to engage them with issues identified within the Workforce Race Equality (WRES) and Workforce Disability Equality (WDES) data. The Board noted that this action is being taken forward, as set out within report 172-22 to the meeting.
159-22	**Matters arising and actions pending from the public meeting held on 1 September 2022** There were no matters arising or actions pending from the public Board meeting held on 1 September 2022.
160-22	**Chair's report** The Chair presented her report to the Board and reported that the Board will discuss next steps in securing the long term future for QVH at its private meeting following the public meeting. She explained that this thinking is ongoing and that the Board will be seeking further staff and public engagement in due course. The Board **noted** the contents of the report.
161-22	**Chief Executive's report** SJ presented his report to the Board, highlighting key issues and updates as follows: - Black history month- NHS Sussex is reinforcing its commitment to ensure that ethnically diverse staff working in the system feel safe and supported - Launch of Green Plan- to celebrate the Trust's commitment to becoming more sustainable, a small orchard was planted on the site last week

	- Clinical career event- an event, open to A level or higher education students and those already qualified, was held in October - Key risks- the Board continues to monitor the three overarching risks to delivering its objectives. A business case has been submitted to NHS England for expansion of the Trust's community diagnostics offer, and recruitment of a director of strategy and partnerships is underway - National scene and winter- the Trust's acute partners are under significant pressure. The chief executives across NHS Sussex continue to meet each week and discussions regarding how QVH can continue to support the system are ongoing. It has been agreed that QVH will step up as a cancer hub to support the system - NHS England operating framework- NHS England published a new operating framework on 12 October in line with the Health and Care Act 2022. The statutory responsibilities for providers remain the same Discussion was had regarding how QVH will support the system throughout winter and the Board noted that the Trust would step up as a cancer hub in January. The Board highlighted the importance of effectively balancing support for the system and prioritising cancer patients whilst mitigating any adverse impact on the Trust's own services. The Board commended the work completed on the clinical careers fair and recognised this as good initiative to encourage people to work within the NHS. There was a suggestion that the next event of its kind be extended to include non-clinical careers within the NHS, including estates and facilities. The Board **noted** the contents of the report.
Trust strategy	
Key strategic objectives (KSO) 1 and 2: outstanding patient experience and world-class clinical services	
162-22	**Board Assurance Framework** NR and TC presented the board assurance frameworks related to KSO1 and KSO2 which were **noted** by the Board.
163-22	**Corporate Risk register (CRR)** NR presented the CRR to the Board who noted the highest scoring risks as highlighted on the front cover of the report. NR reported that risk 1284 (IT network upgrade capital funding not spent before year end) had been added to the CRR during the period. The mitigations had been reviewed and it is likely that the score will be reduced from 16. Risks 1217 (possible merger) and 968 (paediatrics) had both been closed during the period. A suggestion was made regarding the addition of a new risk related to ongoing sustainability and the case for change given that work related to a possible merger had stopped. This will be considered by the executive management team. The Board **noted** the contents of the report.
164-22	**Quality and Safety report** NR presented the quality and safety report to the Board. She reported that the Trust's psychological clinical harm review template is now being rolled out across the system. The approach to psychological clinical harm reviews was welcomed by the Board and this was recognised as a good news story.

	The Board recognised that the clinical harm review process has much improved and meaningful reviews are being undertaken. The Quality and governance committee has suggested that the reviews be extended to prosthetics waiting list patients. The Board **noted** the contents of the report.
165-22	**Inpatient survey results** NR presented the national inpatient survey results to the Board, noting that they are very positive for QVH. Specific sections on nursing, care and treatment and leaving hospital saw QVH as being rated top in the country. The Board also recognised that there are areas where improvements can still be made. The Board commended all staff across the Trust for the excellent results and emphasised that each department, clinical and non-clinical had made a positive contribution to patient experience. The Chair stated that all staff should feel very proud of the results and thanked the chief executive for his leadership. The Board **noted** the inpatient survey results.
166-22	**Quality and Governance assurance** KN presented the quality and governance assurance report to the Board and reported that the committee had considered the Trust's preparedness for a CQC inspection at its recent meeting. A number of areas where further work is required were identified and a detailed update will be reported to the Board at a future date. To date, there is no intelligence regarding when a CQC visit is expected. The Board noted that the Quality and governance and Finance and performance committees are working to create an effective risk deep dive process. The Board **noted** the contents of the report.
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
167-22	**Board assurance framework KSO3 and KSO4** SMM and JD presented the board assurance frameworks related to KSO3 and KSO4. SMM provided an update on the McIndoe Centre theatre capacity stating that it has now been confirmed for Q3 and Q4. JD reported that the Trust is forecasting a break even position for year end, in line with the year to date position. There has been an improvement on the Trust's financial position for Q2 and capital is in line with the plan. The contract for the IT infrastructure spend has been signed and terms have been agreed with the McIndoe Centre for theatre use for Q3 and Q4. The Board **noted** the board assurance frameworks related to KSO3 and KSO4.
168-22	**Operational performance** SMM presented the operational performance report to the Board. SMM reported that acute trusts within the south east are facing significant winter pressure and that QVH will stand up as a cancer hub to support them. QVH continues to achieve the 62 day cancer standard. The total waiting list had gone up between August and September. The Board noted a significant increase in waiting lists over the last year of up to 4000 patients.

	There has been an increase in the number of patients attending the minor injury unit and this is expected to continue. QVH MIU continues to meet the four hour standard. The Board requested that an assessment be carried out on the impact of providing mutual aid to the system on QVH's waiting list, and reported to the Finance and performance committee. **Action SMM**. The Board had approved the full business case for the QVH community diagnostics centre (CDC) at its private meeting on 1 September. IF, clinical SIRO for Sussex CDCs provided some feedback from a recent meeting and reported that QVH continues to lead the diagnostic breathlessness pathway nationally and had been applauded for work completed to date and innovation with its technical partner. QVH has been nominated for a national award for being a major disruptor. NR reported that there had been little engagement from patients regarding feedback on the patient initiated follow up (PIFU) scheme. It is thought that the survey is too lengthy and it will be made more straightforward in order to improve engagement. The Board commended SMM and the team for achieving the 72 day standard for 22 months and recognised that this had previously been a challenge. SMM highlighted that that waiting time on prosthetics remained high. The service continues to be oversubscribed and team are working with NHS England on an expansion plan. The Board requested an update on progress with improvement in this area at a future meeting. In response to a question, SMM confirmed that the number of cataract referrals had reduced and that the team were looking into the reason for this. It was noted that it is possible this could create additional capacity. JD confirmed that the cataract pathway has changed and the system has stated a £1.2m risk on additional ophthalmology additional work. The demand has changed permanently and the additional capacity will be taken into consideration as the Trust moves forward with business planning. The Board **noted** the contents of the report.
169-22	**Financial performance** JD presented the financial performance report to the Board and reported that business planning for the next financial year had started, taking into account changes in demand to services and resources versus activity. The Board acknowledged that there is an opportunity to consider how services are structured, productivity levels and changes required to address the Trust's ongoing sustainability challenges. In response to a question, JD confirmed that the accounts receivable team continue to chase debt owed to the Trust. The Board noted that some commissioner contracts remain unsigned at month eight and that there are risks associated with this. JD confirmed that the ICB contract is being paid in accordance with the agreed amount and that other contracts not signed are associate contracts Discussion was had regarding the Trust's projected break even position and JD confirmed that the Trust still has a significant underlying deficit. The breakeven position can be attributed largely to the Covid financial framework block contract arrangements. The detail behind the underlying deficit and actions required to improve it will be worked through as part of the business planning process.

	In response to a question regarding the sessional price for the McIndoe Centre and activity underperformance against the plan, JD confirmed that there had been some issues regarding cancellations during July and August but that these were now resolved. The Trust is allocating additional capacity to the Trust's plastic service to make the most effective use of the Trust's resources. The Board **noted** the contents of the report.
Key strategic objective 5: organisational excellence	
170-22	**Board Assurance Framework KSO5** LA presented the board assurance framework related to KSO5 which was **noted** by the Board.
171-22	**Workforce monthly report** LA presented the workforce monthly report to the Board and reported that the vacancy position shows a reduction in bank and agency use for September. There remain some difficult to recruit positions across the Trust and a general recruitment challenge. The team continue to work to address these and are mindful of the need for workforce resilience throughout the winter. The Board highlighted the importance of having an embedded workforce strategy in place and LA confirmed that this is currently in draft form. The Board noted that a number of administrative posts within the plastics team had been filled and that the recruitment process had reduced by 20 days. LA confirmed that there is now more accountability within the recruitment team and that the team are considering further electronic solutions to improve the recruitment process, drive efficiency and improve candidate experience. It is hoped that the key performance indicator will show a sustained improvement before the end of the financial year. LA reported that feedback from recent staff health and wellbeing events has been positive and that there are plans in place to run more of them and continue to advertise the calendar of health and wellbeing events to staff across the Trust. The Board **noted** the contents of the report.
172-22	**Workforce Race Equality (WRES) and Workforce Disability Equality (WDES) standards analysis report** LA presented the WRES and WDES analysis reports to the Board. He reported that although some of the data is positive, there are areas of concern within the reports to be addressed. The primary concern is reports of bullying and harassment by staff with protected characteristics. LA stressed that the team are working hard to address this and that this is being monitored by the Finance and performance committee. The team are working on initiatives to put into place and will take learning from other organisations who face similar challenges. The Board supported a suggestion that this learning be sought from a range of organisations, not only other NHS trusts. The Board stressed the importance of QVH being a safe and inclusive place to work and the need to have an effective action plan in place to address the challenges and make improvements quickly. The Board agreed that it will be important to consider what factors have led to the responses, what has created these reported behaviours within the workplace and how staff wellbeing can be supported.

	The Board emphasised the importance of ensuring that staff feel as though they can highlight poor behaviour of others, especially where the values of the Trust are not being demonstrated. The Board noted work already completed to improve the position, and requested that the following be put into place to further support this work: - Learning sought from other organisations who face similar challenges - Consideration regarding whether the Trust's disciplinary and grievance procedures are being taken up appropriately - Raising awareness of resources available, such as whistle blowing and the freedom to speak up guardian The Board agreed the importance of all staff continuing to live the values of the Trust and interventions being effective in making a difference. These actions should not be siloed and bigger picture intelligence should be used to measure and drive improvement. The Board requested a further update on progress in six months' time. **Action LA.** The Board **noted** the contents of the reports.
173-22	**Financial, operational and workforce performance assurance** PDR presented the report to the Board. PDR reported that the committee had been focussed on understanding and gaining assurance on referrals coming into the Trust and the impact on waiting times and capacity. The committee had been reassured to see benchmarking data but were keen to see further improvement on same day cancellation data. The committee have noted that the Trust is benefitting financially from this year's income system, which will not exist in the next financial year. There is a risk that this could give a false sense of security, and PDR reiterated that this position is not sustainable. The Board **noted** the contents of the report.
Governance	
174-22	**V10b of Trust Constitution** CP presented the report which was **noted** by the Board.
175-22	**Audit committee assurance** KG presented the report to the Board and reported that the Trust is starting the tender process for an external auditor. He reported that the process will be challenging due to a difficult market, with audit suppliers withdrawing from the sector and having workforce challenges. It is expected that the cost will increase. The procurement team had gone out to the market to understand interest in the tender in order to minimise risk. The Board **noted** the contents of the report.
Meeting closure	
176-22	**Any other business (by application to the Chair)** There was no further business and the meeting closed.
Members of the public	
177-22	**Questions from members of the public**

	The Board received three questions in advance of the meeting. CP read out the questions and the Trust's responses to the questions which were as follows: Question Given the excellent results from the Inpatient Survey, which deserve congratulations to all the Hospital staff, what is being done to recognise staff and ensure morale is maintained or improved at a time of continued staff shortages and continued financial pressures within the system? Answer The question asks about staff morale. The national NHS staff survey is currently live but the turnaround time for feedback from that to organisations is slow, with results expected in 2023, so we also have other more immediate ways of checking staff morale. We have very recently asked all staff a short series of motivation related questions and the workforce team are putting together the results of that at the moment. We also support staff morale in many small ways from the free ice creams for nurses day which were funded by QVH Charity, to the ongoing programme of cultural and wellbeing activities, such as the 'stay well' week in October and the Black History Month events. QVH Charity also supported the June 2022 staff awards event. We had more than 300 nominations for a range of awards, and we celebrated the educational achievements of 60 staff and 27 staff with exceptional long service. The awards event was attended by 165 staff. The question also asks about financial pressures – thanks to QVH Charity, the hospital has been able to establish a hardship fund for staff in sudden financial distress, making emergency payments of up to £500, and the League of Friends have just this week agreed to some additional support. Question It is good to see that a breakeven position is predicted for the Trust's finances this year. Does this mark a significant change in financial sustainability or is this due to some 'unusual/extraordinary' items? Answer 2022/23 has seen the NHS return to a "normal" financial regime with a fixed allocation for each Integrated Care Board. Top up payments do still exist as part of the overall system allocation but they will taper away over coming years as the NHS transitions back to pre-pandemic funding levels. These top up payments are though supporting the Trust' forecast breakeven position for the 2022/23 financial year. Without the top up payments the Trust would show an underlying deficit. 2023/24 will be a financially challenging year due to expected reduction in top up payments and inflationary pressures. Question It is noted that the Trust is still operating under additional licence conditions. How long is this situation expected to last and what is being done to see the removal of these conditions some of which would no longer seem to be relevant? Answer The trust is under two additional licence conditions. The first relates to ensuring that the Trust has in place sufficient and effective board leadership capacity and capability, in particular a suitably experienced and effective chair, as well as an effectively functioning Council of Governors. The second condition relates to the Council of Governors working effectively with the Board, and operating in accordance with their statutory roles and responsibilities. While the Trust has made progress on both these issues, including

	appointing a substantive Chair, there is more work to be done before the regulator would consider lifting these additional licence conditions.
178-22	**Exclusion of members of the public** Further to paragraph 39.1 and annex 6 of the Trust's constitution, it is proposed that members of the public and representatives of the press shall be excluded from the remainder of the meeting for the purposes of allowing the Board to discuss issues of a confidential or sensitive nature. Any decisions made in the private session of the Trust Board will be communicated to the public and stakeholders via the Chair's report.

Matters arising and actions pending from previous meetings of the Board of Directors - PUBLIC									
ITEM	MEETING Month	REF.	TOPIC	CATEGORY	AGREED ACTION	OWNER	DUE	UPDATE	STATUS
1	Nov-22	168-22	Operational performance	KSO 3&4	Carry out assessment on the impact of providing mutual aid to the system to QVH's waiting list, and report to the Finance and performance committee.	SMM	1 December 2022	SMM gave an update at F&P 28.11.22. Sussex peers have reviewed their cancer waiting lists and have informed QVH that they do not have a requirement for QVH to undertake cancer cases under mutual aid (as a Cancer hub). Therefore, QVH will continue to deliver the 52wk recovery trajectory plan. Weekly system meetings will continue to be held with peers to monitor waiting lists across all areas. Meetings have been held with SaSH colleagues to assess how we can provide support in paed max fac and adult breast. These discussions have not confirmed any cases as yet, however, will continue. EMT will be updated accordingly. N.B. QVH continues to provide mutual aid for MSK, ENT and is exploring whether glaucoma cases from UHSx can be treated at QVH in early 2023	Complete
2	Nov-22	172-22	WRES and WDES	KSO5	Provide the Board with an update in improvements made to the workplace following reports of bullying and harassment from staff with protected characteristics, as evidenced in the WRES and WDES data.	LA	4 May 2023	Scheduled on Board agenda for 4 May 2023 meeting.	Pending

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	12/01/2023		**Agenda reference:**	**195-23**	
Report title:	Chair's report				
Sponsor:	Jackie Smith, Trust Chair				
Author:	Jackie Smith, Trust Chair Clare Pirie, Director of communications and corporate affairs				
Appendices:	None				
Executive summary					
Purpose of report:	To update the Board of Directors on Chair, non-executive director and governor activities since the last meeting				
Summary of key issues	Highlights include spending time in our theatres and hosting the long service awards.				
Recommendation:	The Board is asked to **note** the contents of the report.				
Action required	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: ***Outstanding patient experience***	KSO2: ***World-class clinical services***	KSO3: ***Operational excellence***	KSO4: ***Financial sustainability***	KSO5: ***Organisational excellence***
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	N/A				
	Date:		Decision:		
Next steps:	N/A				

Report to:	Board Directors
Agenda item:	195-23
Date of meeting:	12 January 2023
Report from:	Jackie Smith, Trust Chair
Report author:	Jackie Smith, Trust Chair Clare Pirie, Director of communications and corporate affairs
Date of report:	4 January 2023
Appendices:	None

Chair's report

One of the highlights of my role to date at QVH has been spending time in theatres. I was shadowing our theatres manager, Claire Ziegler, who demonstrated her expert grasp of the complex operational business of running busy theatres as well as her excellent people skills. QVH is of course a surgical trust, and our clinical staff in theatres are central to what we do, but that work also relies on the support of our admin teams, our estates staff, our cleaners, our porters, our medial scientists and so on. It was really helpful to spend time getting a feel for this vital hub of activity in the hospital.

It was also a pleasure to help to host the QVH long service awards, meeting staff some of whom had in excess of 20 years' service to the NHS, and all of whom who still had warmth and enthusiasm for QVH.

Since the last Board meeting I have also met with the QVH consultants committee, with our clinical directors, and with our freedom of speak up guardian. I have continued to meet on a one to one basis with governors, and I have continued to meet with my fellow Chairs across Kent, Surrey and Sussex.

Finally, I wanted to mention that we appointed Abigail Jago as director of strategy and partnerships. This will be an important new role, ensuring we develop an effective strategy to secure the long term future of the hospital, with the active involvement and engagement of staff as well as external stakeholders.

Recommendation
The Board is asked to **note** the contents of this report.

Board Assurance Framework – Risks to achievement of KSOs

KSO 1 Outstanding Patient Experience	KSO 2 World Class Clinical Services	KSO 3 Operational Excellence	KSO 4 Financial Sustainability	KSO 5 Organisational Excellence
We put the patient at the heart of safe, compassionate and competent care that is provided by well led teams in an environment that meets the needs of the patient and their families.	We provide world class services that are evidenced by clinical and patient outcomes and underpinned by our reputation for high quality education and training and innovative R&D.	We provide streamlined services that ensure our patients are offered choice and are treated in a timely manner	We maximize existing resources to offer cost-effective and efficient care whilst looking for opportunities to grow and develop our services.	We seek to be the best place to work by maintaining a well led organisation delivering safe, effective and compassionate care through an engaged and motivated workforce

Current Risk Levels

KSO 1&2 were reviewed at the Quality and Governance Committee, 19/12/2022. KSO 3, 4 and 5 were reviewed at the Finance and Performance Committee, 28/11/2022. The trust finances continue to be break even and we await further national /regional instruction regarding the financial flows. The trust is proactively managing the new and emerging risks identified as part of the restoration and recovery phase. Workforce challenges continue to be referenced in individual BAF's

	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Target risk
KSO 1	15	15	15		9
KSO 2	16	15	15		8
KSO 3	16	16	16		9
KSO 4	20	20	20		16
KSO 5	16	16	16		9

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**12/01/2023**		**Agenda reference:**	**196-23**	
Report title:	**Chief Executive's Report**				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Steve Jenkin, Chief Executive				
Appendices:	1) Integrated Dashboard 2) QVH media update				
Executive summary					
Purpose of report:	To update the Board on progress and to provide an update on external issues that may have an impact on the Trust's ability to achieve its internal targets.				
Summary of key issues	• Leadership changes • NHS Operational Planning Guidance 2023/24 • Hewitt Review of Integrated Care Systems (ICSs)				
Recommendation:	For the Board to **NOTE** the report				
Action required	Approval **Y/N**	**Information Y/N**	Discussion **Y/N**	Assurance **Y/N**	Review **Y/N**
Link to key strategic objectives (KSOs):	KSO1: **Y/N**	KSO2: **Y/N**	KSO3: **Y/N**	KSO4: **Y/N**	KSO5: **Y/N**
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:					
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	BAF reviewed at EMT				
	Date: 03/01/23		Decision:		
Next steps:					

CHIEF EXECUTIVE'S REPORT
JANUARY 2023

TRUST ISSUES
Farewell
As I complete my final CEO report I want to offer a massive thank you to everyone at QVH for the last remarkable six years.

I can honestly say I have enjoyed my time, working with highly skilled and compassionate colleagues, and seeing the difference we make for our patients, often when they are at their most vulnerable.

There have been many highs and lows, things I wish I would have done differently, but I have always tried to stay true to our values, and to put our patients at the heart of my actions.

I know the future for QVH is a bright one. Investment in two new theatres and national approval of our community diagnostic centre business case last year paves the way for further improvements in the care we provide. As one of the most networked hospitals across the SE region we are used to working collaboratively and with Integrated Care Systems created to tackle the health inequalities that overshadow our communities, we are well placed to support the wider populations that we serve.

I will always remember my time at QVH with enormous satisfaction and appreciation. So please accept my final thank you to all those people at QVH, for all you do for patients and each other. I shall continue to follow your progress towards a sustainable future for this special hospital.

Director of Strategy & Partnerships
Nominations & Remuneration Committee approved the recruitment of a new role last year, following our decision not to merge. Following a robust process, where we received an excellent response of 36 applicants, Abigail Jago has been appointed to the role. Abigail worked at QVH for four years prior to joining East Sussex Healthcare NHS Trust in March 2022. She will start on 6 February.

Chief Finance Officer
James Drury joined QVH in September 2022 as interim chief finance officer. He has been offered and accepted a substantive role with North Cumbria Integrated Care NHS Foundation Trust and will leave us at the end of January. I wish to thank him for his diligent work during this brief time with us. Recruitment for a substantive appointment started before the end of calendar year.

RCN strike action
Members of the Royal College of Nursing (RCN) have voted to take part in strike action over NHS pay. We have received confirmation from the RCN that QVH will be included in the proposed strike action on the 18 and 19 January. We are limiting planned clinical activity requiring nursing care on the strike days; this means some patient appointments and surgery will be cancelled. We are

working closely with the regional RCN representatives and QVH staff side leads on the detail of what urgent appointments and surgery will still go ahead.

QVH will not be involved in any UNISON industrial action at this time.

Community Diagnostic Centre (CDC)
We finally received confirmation on 23 December 2022 from the national team that our community diagnostic centre (CDC) business case has been approved. This means we will receive £1.937m in 2023/24 and a further £6.706m the following financial year. QVH is already a CDC, providing diagnostics for patients referred from local GP practices. The national funds will be invested in more buildings, equipment and staff to significantly expand our CDC. The further development of the CDC at QVH will mean more patients being able to have diagnostic tests nearer to home without the need to go to an acute hospital with an A&E, where emergency care can lead to delays and cancellations.

Electronic Patient Record (EPR)
EPR is a single electronic patient record which will replace the majority of our paper medical records. This will mean that our clinical teams will have instant access to the data they need to care for patients. The principle aim of a successful EPR deployment is to improve clinical outcomes and safety for patients. EPR technology provides clinicians with modern clinical decision support tools at their finger-tips reflecting best practice guidelines and recognised clinical standards.

QVH is currently in the process of bidding for Frontline Digitisation funding. This would cover the majority of the programme costs for the first 5 years, the revenue impact of the support and maintenance costs would not take effect until Year 6 – 2028/29.

The funding allocations have not yet been approved and are dependent on the development and approval of a full business case, as well as any nationally mandated approval process associated with the funding. At a private board meeting last month the Board considered an outline business case, and agreed work should proceed to initiate the procurement for EPR and the development of a full business case.

Digital strategy
At a board seminar in December 2022, the board reviewed plans to develop a three year digital strategy, with external expert support. The aims of the strategy are:

- Improve outcomes and experience for patients and improve the working lives of QVH staff, through setting a clear shared direction and priorities for future digital transformation

- Co-create a strategy that reflects and responds to the priorities, ambitions and needs of QVH patients, staff and partners

- Build on the digital transformation work already underway

- Develop a strategy that sets a clear direction of travel for the next three years but is also flexible enough to enable the Trust to adapt as work progresses

Integrated Performance Dashboard Summary
Our Integrated Performance Dashboard (Appendix 1) reflects the M8 position.

Board Assurance Framework (BAF)
The entire BAF was reviewed at executive management meeting (03/01/2023) alongside the corporate risk register. KSO 1 and 2 were reviewed at the Quality and Governance Committee, 19/12/2022. KSO 3, 4 and 5 were reviewed 11/01/23 at the Finance and Performance Committee. Changes since the last report are shown in underlined type on the individual KSO sheets.

Media
A summary of QVH media activity (Appendix 2) during October and November 2022.

SUSSEX SCENE
NHS Sussex
The system Integrated Care Strategy was approved at the Sussex Health and Care Assembly on 14 December 2022 and has now been approved through the formal governance process of the local authorities and NHS Sussex. Formal publication of the strategy will take place during January 2023.

NATIONAL ISSUES
NHS Operational Planning Guidance 2023/24
On Friday 23 December, NHS England (NHSE) published 2023/24 priorities and operational planning guidance. The guidance sets out three key tasks for the next financial year, the most immediate being to recover core services and improve productivity. As recovery continues, systems should renew focus on delivering the key ambitions set out in the NHS long term plan, and transforming the NHS for the future. Key highlights:

- The planning guidance sets a range of 'national NHS objectives' for 2023/24, with expected performance against key operational standards. These include improving A&E waiting times so at least 76% of patients wait no more than four hours, reducing general and acute bed occupancy to 92% or below, reducing cancer waiting times and supporting earlier diagnosis.
- The guidance sets key actions designed to increase capacity and improve patient flow to ease urgent and emergency care pressures. These include reducing category 2 ambulance response times to an average of 30 minutes in 2023/24 and meeting the 70% 2-hour urgent community response standard.
- NHSE will publish two-year revenue allocations for 2023/24 and 2024/25 – integrated care board (ICB) allocations are flat in real terms with additional funding available to expand capacity. Elective recovery funding will be allocated to systems on a fair shares basis.
- NHSE has also published its guidance for ICBs and their partner trusts and foundation trusts on the development of five-year joint forward plans.
- For 2023/24 NHSE plans to base agency spend limits on agency spending as a proportion of systems' total pay costs, set at 3.7% of a system's total pay bill.
- ICBs will take responsibility for commissioning appropriate specialised services from April 2024.

Hewitt Review of Integrated Care Systems (ICSs)
The government has announced a new independent review into oversight of ICSs to reduce disparities and improve health outcomes across the country, following record investment in health and social care.

The review will be led by former Health Secretary the Rt Hon Patricia Hewitt who is currently chair of NHS Norfolk and Waveney Integrated Care Board, and will explore how to empower local leaders to focus on improving outcomes for their populations.

This includes giving them greater control and making them more accountable for performance and spending, reducing the number of national targets, enhancing patient choice and making the healthcare system more transparent.

The review will report to the Secretary of State for Health and Social Care, with a final report by no later than 15 March 2023.

There is an expectation that the review will consider and make recommendations on:

- how to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending
- the scope and options for a significantly smaller number of national targets for which NHS ICBs should be both held accountable for and supported to improve by NHS England and other national bodies, alongside local priorities reflecting the particular needs of communities
- how the role of the Care Quality Commission (CQC) can be enhanced in system oversight

Maternity and neonatal services in East Kent
On 13 February 2020 the Minister of State, Department of Health and Social Care, confirmed in Parliament that, following concerns raised about the quality and outcomes of maternity and neonatal care, NHS England and NHS Improvement had commissioned Dr Bill Kirkup CBE to undertake an independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust. The terms of reference were published on 11 March 2021.

On 19 October 2022, Dr Kirkup published his report of the investigation, *"Reading the signals: Maternity and neonatal services in East Kent – the report of the independent investigation."*

While the report is focused on maternity services in East Kent, it also identifies 4 areas for action which are of relevance across the NHS. The report states that the NHS should be much better at:

- identifying poorly performing units
- giving care with compassion and kindness
- teamworking with a common purpose
- responding to challenge with honesty

None of these are easy or necessarily straightforward says Dr Kirkup, because longstanding issues become deeply embedded and difficult to change. He states, "Nor do I pretend to have the answers to how best they should be tackled: they require a broader-based approach by a wide range of experienced experts. But unless these difficult areas are tackled, we will surely see the same failures arise somewhere else, sooner rather than later. This Report must be a catalyst for tackling these embedded, deep-rooted problems."

The themes of the Kirkup report and the Ockenden report into maternity services in Shrewsbury and Telford were reviewed at the December Quality & Governance Committee where it was agreed further discussion to identify learning relevant to QVH would take place at a board seminar early in 2023.

Steve Jenkin
Chief Executive

Integrated Dashboard Summary
Key indictators at a glance - January 2023 (reporting M8)

Queen Victoria Hospital NHS Foundation Trust

KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services

C-Diff	0
MRSA	0
E-coli	0
Gram-negative BSIs	0
Serious Incidents	1
Never Events	0
No of QVH deaths	0
No of off-site deaths (within 30 days)	0
Complaints	7
Closed <30 days	8
FFT	
In patients	99%
Outpatients	95%
MIU	95%
Day surgery	96%
Hand trauma	100%

KSO3 Operational Excellence

MIU <4hrs	99.90%
RTT 18 weeks	65.31%
Cancer 2ww	91.20%
Cancer 62 day	84.00%
Diagnsotics <6weeks	70.10%
52ww	315
Recovery activity	
Day case	83.00%
Elective inpatient	98.00%
First outpatients	97.00%
Follow-up outpatients	-6.00%
Outpatient therapies	135.00%
Non-elective	102.00%

Key	Improved Performance	Deteriorating Performance	Remains the same

KSO4 Financial Sustainability (YTD)

Income	62,243
Pay expenditure	39,119
Non-pay expenditure	23,124
Surplus/Deficit	0

Income includes ERF paid YTD as at M6.

KSO5 Organisational Excellence

Vacancy rate	1.56%
Turnover rate	12.73%
Sickness rate	4.44%
Appraisal rate	80.56%
MAST	92.16%

National Quarterly Pulse Survey (NQPS)

Employee Engagement Score	7.5	4 - Highest 25%
Advocacy Score	8.2	4 - Highest 25%
Involvement Score	7.2	4 - Highest 25%
Motivation Score	7.1	4 - Highest 25%

QVH media update – October 2022

QVH comes top in national survey
News of Queen Victoria Hospital topping the list in the national survey of inpatients at NHS hospitals continued to receive media interest. This included an article on the Sussex News website and the UKNIP247 website.

Careers and recruitment event
A drop-in careers and recruitment open evening for A-level or higher education student interested in a clinical career at QVH or elsewhere in the NHS, or those already qualified and wanting to see what options are available, received further local media interest this month.

This included Liz Blackburn, deputy chief nurse, being interviewed by radio station Meridian FM, and mentions in East Grinstead Living magazine's 'What's on in October guide'. We also had a paid advert in the October issue of RH Uncovered magazine's East Grinstead edition.

Lifesaving treatment
Queen Victoria Hospital's plastic surgery team received a mention on Jeremy Vine BBC Radio 2's show on 10 October. Patient Rob joined a call-in segment, crediting the plastics team with saving his life after he contracted necrotising fasciitis. Sir Archibald McIndoe and his link to the hospital also received a mention.

McIndoe had a further mention in Discover Magazine's article exploring ways facial reconstruction in the military has evolved. It references innovations he pioneered including healing saline baths and the tubed pedicle.

Building for the future
LABM (Local Authority Building & Maintenance) ran an article detailing how Portakabin delivered Queen Victoria Hospital's two new onsite theatres. The modular block, known as Theatres 11 and 12, replace the existing day surgery theatres which were reaching the end of their life as a clinical space. Theatre 11 is dedicated to hand trauma and Theatre 12 to procedures needing a local anaesthetic.

Life after sustaining burns
April Charlesworth came to Queen Victoria Hospital in 2021 after she sustained burns following a portable heater exploding at a pub. At the time of the accident she was mentioned by a number of media outlets, including her referral to our plastics and burns teams. This month she spoke again to the Daily Mail about living with anxiety and wearing compression garments to reduce swelling and scarring.

Press releases
In October we published the following press release on our website:

- Burns specialists warn of kitchen dangers

We also published the following update on our website:

- Temporary closure of radiology entrance

QVH media update – November 2022

Nurses strike
At the start of the month, Queen Victoria Hospital was listed in a series of national and regional media, along with hospital trusts across England, regarding the walkout of Royal College of Nursing members on two dates in December. Most notably this included the BBC website, Sky News, LBC, I News, Nursing in Practice, and Nursing Notes.

Prior to the first strike date The Royal College of Nursing confirmed that no trusts in Sussex would be taking part in strike action on Thursday 15 December and Tuesday 20 December.

Retired nurse celebrates her centenary
The news of former Queen Victoria Hospital nurse, Janet Hunter, celebrating her 100th birthday was picked up by the media. During WWII Janet worked alongside Sir Archibald McIndoe at the hospital, as part of the team that used pioneering reconstructive techniques to treat burnt and wounded allied airmen. Star and Garter's press release was also picked up by Nursing Times, and Care Home.

Ravi's reanimation surgery
Queen Victoria Hospital was mentioned in a number of media outlets in relation to one of its patients. Seven year old Ravi and his family have spoken to the media about how he suffered facial paralysis following an operation to remove a brain tumour. He was referred to QVH for facial reanimation surgery to help restore voluntary movement to the right side of his face, and will undergo a number of procedures on his face and eye.

Outlets to feature Ravi's story included the Adam Buxton podcast (about nine minutes in); News Break; Get Reading; Somerset Live; Manchester Evening News; Wiltshire Live; Suffolk Live; Edinburgh Live; Norfolk Live; Belfast Live and Chronicle Live.

Firework warning
To coincide with Bonfire Night, Queen Victoria Hospital patient Tyler Norris-Sayer, explained to The Sun how a rogue rocket at an organised firework display left him with life-changing injuries at the age of ten. The outlet has featured Tyler's story in previous years but this is the first time he has spoken about his experience and how, since losing his eye, he is considering a prosthesis. The story was repeated on the French website News 24.

Dog bite surgery
Deputy leader of Canterbury City Council, Rachel Carnac, spoke to Kent Online about being bitten by a dog whilst out leafleting, and how she came to Queen Victoria Hospital for emergency surgery. The story was also repeated on the InYourArea website.

Article in HSJ
The HSJ (behind the paywall) ran an article about a public governor and the Trust agreeing next steps to settle an issue outside of court.

QVH Charity at Christmas
Camilla Slattery, head of fundraising for QVH Charity, was interviewed by local radio station Meridian FM on 16 November about the charity's virtual Christmas tree and how local people and supporters can get involved. For a small donation, people can leave a message for a loved one,

staff member or team, which will show up as a light on the tree.

Supporting the wider NHS
Queen Victoria Hospital was named in some Brighton-based media coverage following Brighton and Hove City Council's Health Overview and Scrutiny Committee's discussion of the Sussex Winter Plan. University Hospital's Sussex's chief operating officer Andy Heeps explained how some elective and planned work was being redirected to QVH to help free up capacity. This was mentioned by Brighton and Hove News, The Argus, and Yahoo (repeating The Argus story).

Ad hoc mentions
Queen Victoria Hospital and the Guinea Pig Club received some international interest this month when the il Giornale.it website ran an article about pioneering plastic surgery.

The hospital was also mentioned in an article on the Sussex Express website following the passing of Edward Belsey, who had previously served as a hospital governor.

Press releases
In November we published the following on our website:

- Support QVH Charity this Christmas

KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality
Committee: Quality & Governance
Date last reviewed 29th December 2022

Strategic Objective
We put the patient at the heart of safe, compassionate and competent care that is provided by well led teams in an environment that meets the needs of the patient and their families.

Risk 1) Trust may not be able to recruit or retain a workforce with the right skills and experience due to national staffing challenges impacting and uncertainty following the decision not to merge with UHSx
2) In a complex and changing health system commissioner or provider led changes in patient pathways, service specifications and location of services may have an unintended negative impact on patient experience.
3) Ongoing risk of infection outbreak impacting on clinical care Risk 1220
4) Quality and supply issues with current sterile services provider Risk 1255

Risk Appetite The Trust has a **low appetite** for risks that impact on patient experience and patient safety. When patient experience is in conflict with providing a safe service, safety will always be the highest priority

Rationale for risk current score

- Compliance with regulatory standards
- Meeting national quality standards/bench marks
- Very strong FFT recommendations
- Sustained excellent performance in CQC 2021 inpatient survey, trust continues to be in the group who performed much better than national average.
- Patient safety incidents triangulated with complaints and outcomes monthly no early warning triggers
- Not meeting RTT18 and 52 week Performance and access standards but meeting agreed recovery trajectories
- Sustained CQC rating of good overall and outstanding for care
- Increasing challenge with recruitment. Risk register has been updated to reflect these challenges
- Ongoing issues with sterile services provider. Weekly contract review meetings.
- Reduced inpatient bed capacity due to planned maintenance work within Canadian Wing footprint
- Reduced onsite presence of paediatricians due to surge pressure at RACH

Initial Risk 4(C) x 2(L) = 8 low
Current Risk Rating 3(C) x 5 (L) = 15 mod
Target Risk Rating 3(C) x 3(L) = 9 low

Future risks

- Generational workforce : analysis shows significant risk of retirement in workforce
- Many services single staff/small teams that lack capacity and agility.
- Impact of QVH clinical and non clinical strategies

Future Opportunities

- Developing new healthcare roles – will change skill mix
- Implementation of a quality improvement methodology during next 3 to 6 months

Controls / assurance

- Governance and clinical quality standards managed and monitored at the Q&GC, CGG and the JHGM, safer nursing care metrics, FFT and annual CQC audits
- External assurance and assessment undertaken by regulator and commissioners
- Quality Strategy, Quality Report, CQUINS, low complaint numbers
- Benchmarking of services against NICE guidance, and priority audits undertaken
- Trust recruitment and retention strategy mobilised, NHSI nursing retention initiative.
- Clinical Harm Review process
- Burns and Paediatric services not currently meeting all national guidance. Burns Peer Review planned for November 2022. ICB and Regulators fully aware of this, mitigation in place including divert of inpatient paed burns from 1 August 2019 via existing referral pathway. Inpatient paeds on exception basis.

Gaps in controls / assurance

- Unknown Specialist commissioning intention for some of QVH services eg inpatient paediatric Sussex based service and head and neck pathway Risks 834, 968, 1226
- Ongoing workforce challenges with recruitment and retention Risks 1225, 1199, 1077, 1238, 1239

KSO2 – World Class Clinical Services

Risk Owner: Medical Director
Date last reviewed: 8 December 2022

Strategic Objective
We provide world class services, evidenced by clinical and patient outcomes. Our clinical services are underpinned by our high standards of governance, education research and innovation.

Risk

1. Potential for harm to patients due to long waits for surgery
2. Potential harm from accepting a patient with higher level of complexity than suitable for QVH to manage
3. Impact of transfer if a complex patient needs a wider range of clinical services than are available on site

Risk Appetite. The trust has a **low appetite for risks that impact on patient safety**, which is of the highest priority. The trust has a moderate appetite for risks in innovation of clinical practice, research and education methodology, if patient safety is maintained.

Rationale for current score

- Adult burns ITU and paediatric burn derogation
- Paediatric inpatient standards and co-location
- Spoke site clinical governance.
- Consultant medical staffing of Sleep Disorder Centre & Histopathology
- Non-compliant RTT 18 week and increasing 52 week breaches due to COVID-19
- Commissioning and ICS reconfiguration of head and neck services
- Risk stratification and prioritisation of patients and loss of routine activity
- Antibiotic stewardship
- Limited access to some secondary support services for paediatrics and ITU

Initial Risk Rating 5(C)x3(L) =15, moderate
Current Risk Rating 3(C)x5(L)=15, moderate
Target Risk Rating 4(C)x2 (L) = 8, low

Future Risks

- ICS and NHSE re-configuration of services and specialised commissioning future intentions.
- Commissioning risks to lower priority services– sleep, orthognathic surgery
- Commissioning risks to major head and neck surgery
- Issues raised by case for change remain with no immediate solution

Future Opportunities

- ICS networks and collaboration
- Efficient team job planning
- Research collaboration within the networks
- Multi-disciplinary education, human factors training and simulation
- QVH-led specialised commissioning
- E-Obs and easier access to systems data
- Better team working with the burns network
- Working with GIRFT process

Controls and assurances:

- Clinical governance leads and reporting structure, Clinical indicators, NICE reviews and implementation
- Relevant staff engaged in risk management of OOH and off site activity
- Service Level Agreements for secondary services such as Paediatrics and ITU with surrounding trusts
- Networks for QVH cover-e.g. burns, surgery, imaging, lower limb and trauma
- Regional discussion of complex patients esp burns before acceptance and to confirming ongoing plan
- Diversion of inpatient paediatric burns patients to alternative network providers
- Training and supervision of all trainees with deanery model
- Local Academic Board, Local Faculty Groups and Educational Supervisors
- Job planning review
- Harm reviews of 52+ week waits and 104 day cancer breeches
- Antibiotic Stewardship meetings and presentations at Joint Hospital Governance Meeting

Gaps in controls and assurances:

- Link between internal data systems & external audit requirements & programs
- Limited data from spokes/lack of service specifications
- Achieving sustainable research investment
- Antimicrobial prescribing (CRR 1221)

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**12/01/2023**		**Agenda reference:**	**198-23**	
Report title:	**Corporate Risk Register: 03/01/2023**				
Sponsor:	Nicky Reeves, Chief Nurse				
Author:	Karen Carter-Woods, Head of Risk & Patient Safety				
Appendices:	None				
Executive summary					
Purpose of report:	For assurance that the Trust risk management process is being followed; new risks identified and current risks reviewed and updated in a timely way.				
Summary of key issues	The Corporate Risk Register has been reviewed at two subcommittees of the Board: Quality & Governance (Patient Safety Risks) and Finance & Performance (remaining Risks) From 2023 Audit Committee will oversee specified risks previously tabled at F&PC. The full corporate risk register is brought to board for review and discussion Key changes to the CRR this period (November to December 31st 2022): ➢ Eight new corporate risks added: ID1286, 1288, 1290, 1291, 1292, 1293, 1294, 1295 ➢ No corporate risks closed ➢ One corporate risk rescored: ID1242 – rescored to local RR **Most notable risks on CRR**: ID877: Financial sustainability ID1250: Additional licence conditions ID1264: Risk to operational delivery of Pathology Services: IT systems related				
Recommendation:	The board is asked to **note** the Corporate Risk Register information				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:** ***Outstanding patient experience***	**KSO2:** ***World-class clinical services***	**KSO3:** ***Operational excellence***	**KSO4:** ***Financial sustainability***	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:	The entire BAF has been reviewed by EMT alongside the CRR, The corresponding KSOs have been linked to the corporate risks.				
Corporate risk register:	This document				
Regulation:	All NHS trust are required to have a corporate risk register and systems in HMT place to identify & manage risk effectively.				
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
Resources:	Actions required are currently being delivered within existing trust resources				
Assurance route					
Previously considered by: 11/01/2022 19/12/2022	F&P: all risks except patient safety risks – as at 3 January 2023 Q&GC: all patient safety risks – as at 2 December 2022				

Corporate Risk Register Report
November and December 2022 Data

Key updates

Corporate Risks added between 01/11/2022 and 30/11/2022: Eight

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
4x3=12	1288	QVH intranet - unsupported after April 2023	Director of communications and corporate affairs
4x3=12	1290	Overarching Corporate Risk - Maintaining patient and staff safety in a post covid health care setting	Chief Nurse
4x3=12	1291	Overarching Corporate Risk - Keeping our staff engaged, motivated and supported during a time of great change	Chief Nurse
5x3=15	1292	Overarching Corporate Risk - Securing a sustainable future for QVH	Chief Nurse
4x3=12	1286	Inability to provide full pharmacy services due to vacancies and sickness	Chief Pharmacist & Dir of Ops
4x3=12	1293	Risk of compliance with national cleaning specifications and frequency resulting in increased risk of infections	Chief finance officer and head of facilities
5x3=15	1294	Financial Sustainability: contract alignment	Chief finance officer and deputy chief finance officer
3x4=12	1295	Green Plan risks: Not meeting the requirements in the NHS provider contract related to the Green Plan	Director of communications and corporate affairs

Corporate Risks closed this period: Nil

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed

Corporate Risks rescored this period: one

Risk ID	Service / Directorate	Risk Description	Previous Risk Score (CxL)	Updated Risk Score (CxL)	Rationale for Rescore
1242	IT	Cyber Security Vulnerability - Apache Foundation Log4j 2	5x3=15	5x1=5	SIRO and CIO agreed for the risk to be reduced works undertaken and assurances provided by the suppliers for the 3 remaining servers

The Corporate Risk Register is reviewed monthly at Executive Management Team meetings (EMT), quarterly at Hospital Management Team meetings (HMT) and presented at Finance & Performance and Quality & Governance Committee meetings respectively for assurance. It is also scheduled bimonthly in the public section of the Trust Board.

Risk Register management

There are 89 risks on the Trust Risk Register as at 3rd January 2023, of which 38 are corporate, with the following modifications occurring during this reporting period (1st November to 31st December incl):

- Eight new corporate risks added
- No corporate risks closed
- One corporate risk rescored

Risk registers are reviewed & updated at the Specialty Governance Meetings, Team Meetings and with individual risk owners including regrading of scores and closures; risk register management shows ongoing improvement as staff own & manage their respective risks accordingly.

Risk Register Heat Map: The heat map below shows the 38 corporate risks open on the trust risk register as at the 3rd January 2023.
Four corporate risks are within the higher grading category:

	No harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2					
Possible 3				**10** ID: 834, 1210, 1226, 1265, 1284, 1288, 1290, 1286, 1291, 1293	**3** ID:1259, 1292, 1294
Likely 4			**11** ID: 1040, 1077, 1240, 1245, 1247, 1249, 1253, 1254, 1255, 1272, 1295	**3** ID1250, 1264, 1268,	**0**
Certain 5			**10** ID1189, 1198, 1199, 1221, 1225, 1231, 1238, 1239, 1266, 1267,	**1** ID: 877	**0**

Implications of results reported

1. The register demonstrates that the trust is aware of key risks that affect the organisation and that these are reviewed and updated accordingly.

2. No specific group/individual with protected characteristics is identified within the risk register.

3. Failure to address risks or to recognise the action required to mitigate them would be key concerns to our commissioners, the Care Quality Commission and NHSI.

Action required

4. Continuous review of existing risks and identification of new or altering risks through improving existing processes.

Link to Key Strategic Objectives

- Outstanding patient experience
- World class clinical services
- Operational excellence
- Financial sustainability
- Organisational excellence

5. The attached risks can be seen to impact on all the Trust's KSOs.

Implications for BAF or Corporate Risk Register

6. Significant corporate risks have been triangulated with the Trust's Board Assurance Framework.

Regulatory impacts

7. The attached risk register would inform the CQC but does not have any impact on our ability to comply with CQC authorisation and does not indicate that the Trust is not:

- Safe
- Effective
- Caring
- Well led
- Responsive

Recommendation: Board is asked to **note** the contents of the report.

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1295	12/12/2022	Green Plan risks	Not meeting the requirements in the NHS provider contract related to the Green Plan	Green Plan actions monitored at monthly meeting, and reported bi-annually to F&P□ Actions: QVH Green Plan work includes key elements in contract but this will take time to deliver in full. □ Cars for burns outreach will be replaced with zero or ultra-low emissions cars on contract renewal in 2024. □ Procurement of onsite EV charging for installation in 2023. □ Stepped process to remove options to purchase higher emissions cars on salary sacrifice, moving to zero emissions only. □ Removal of volatile gases in anaesthesia. □ Sustainability requirements to be added to tender documents during 2023. □ Working up costed plans to decarbonise the site through insulation, solar panels, ground source heat pump.□	Steve Jenkin	Clare Pirie	Estates Infrastructure & Environment	12	6		KSO5
1294	28/11/2022	Financial Sustainability: contract alignment	Risk of deficit from 23/24 financial year due to convergence adjustment and inflationary cost pressures exceeding allocation impacting Trust ability to invest in services□	Annual Business planning with board approval and executive review of investments and cost pressures. Performance management monthly meetings to review and highlight financial and activity positions. Audit committee reports on internal controls in place. Monthly financial performance to Board and Finance and Performance Committee. Strengthened contract monitoring and efficiency programme process. Business case review group embedding.□	James Drury	Jeremy Satchwell	Finance	15	10		KSO4
1293	24/11/2022	Risk of compliance with national cleaning specifications and frequency resulting in increased risk of infections	Increased Risk of infections in clinical areas due to unfilled vacancies, sickness and recruitment issues in cleaning services□	Clinical areas to be prioritised over non-clinical areas Business Continuity Plan in place□	James Drury	Paul Addison	Compliance (Targets / Assessments / Standards)	12	8		KSO3
1292	22/11/2022	Overarching Corporate Risk - Securing a sustainable future for QVH	Not being able to secure a sustainable future for QVH	Board review to establish future direction of the organization□ Clinical Services-stock take being carried out to inform clinical strategy	Steve Jenkin	Clare Pirie	Compliance (Targets / Assessments / Standards)	15	10	November 2022 - Ongoing work around clinical services stocktake to be reviewed by Board. Recruitment of director of strategy in progress	KSO1 KSO2 KSO3 KSO4 undefined

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1291	22/11/2022	Overarching Corporate Risk - Keeping our staff engaged, motivated and supported during a time of great change	Risk of not being able to keep our staff engaged, motivated and supported during a time of great change	Review of staff survey□ Early escalation of issues via exit interviews and "stay" interviews□ Listening and Engagement events with staff□ Partnership working forums with JCNC and JLNC□ EDS Staff Network□ Care First Employee Assistance Programme□ Staff Appraisal system□	Lawrence Anderson	Lawrence Anderson	Staff Safety	12	8		KSO5
1290	22/11/2022	Overarching Corporate Risk - Maintaining patient and staff safety in a post covid health care setting	Risk to patient and staff safety due to Covid and other possible infection outbreaks	Rigid IPACT measures in place□ Testing of staff as per national guidance□	Nicola Reeves	Liz Blackburn	Patient Safety	12	8	**December 2022** - Risk reviewed. Challenges remain in the "post covid" health economy for QVH. Impacts from staff sickness due to covid and positive patients attending have been seen during December.	KSO1 KSO2
1288	10/11/2022	QVH intranet - unsupported after April 2023	From April 2023 SharePoint 2013 will no longer be supported by Microsoft.	Current provider commissioned to carry out a discovery exercise to scope content of Qnet and what is possible to move, to build receiving architecture, to migrate lists and libraries. □ Resource will be needed for functionality build (home page, news, landing pages etc.)	Steve Jenkin	Clare Pirie	Information Management and Technology	12	8	November 2022: Plan being made to move QNet to SharePoint Online before April 2023. This is a challenging timeframe.	KSO3 KSO5
1286	28/11/2022	Inability to provide full pharmacy services due to vacancies and sickness	Delays to indirect clinical services (e.g. updating policies/ guidelines/ audit/ training/ incident reviews)□ Unable to move forward with non-clinical initiatives e.g EPMA introduction□ Delays in projects e.g. DMS and unable to support new services□ Loss of established staff with organization memory and staff able to undertake certain tasks.□ Increase in incidents	1. Some bank in place to help.□ 2. Regularly chase agencies for any potential candidates.□ 3. Adverts on TRAC.□ 4. Recently vacated band 4 technician post to go on TRAC internally for those in training.□ 5. Staff working as team to ensure immediate work covered.□ 6. Chief Pharmacist working addition bank hours.□ 7. Direct clinical work a priority.□	Shane Morrison-McCabe	Judy Busby	Compliance (Targets / Assessments / Standards)	12	8		KSO1 KSO2 KSO3 KSO4 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1284	30/09/2022	Risk of IT network upgrade capital funding not spent by 31 March 2023	There is a risk that the capital funding set aside for the Infrastructure Improvement Programme may not be spent before the end of the financial year if the new hardware is not delivered in early 2023. □ Non-delivery would be due to international global chip shortage constraints.	1. The approval of the full BC has been aligned to as soon as possible to allow for the hardware to be ordered in early November, to ensure that delivery of all hardware is completed early 2023. 2. Suppliers have been informed as part of the procurement, that the kit needs to be delivered and paid for before the end of the current financial year. 3. A spend profile has been put together to identify the possible capital costs to the trust and the month at which the costs may be applied (Appendix 1). This is subject to change and hardware costs are indicative at this stage. The latest possible hardware delivery dates need to be defined by the Digital Programme Board to ensure that the trust is able to re-allocate the capital funding if the hardware is not delivered in time.	Nicola Reeves	Nasir Rafiq	Finance	12	8	**December 2022** - Currently there is assurance Capital will be spent within the financial year. For further review in January 2023□ November 2022 - Contract signed, more detail plans now available for timeframe. Capital risk is reduced.□ October 2022 - Risk reviewed post business case approval. In view of mitigation in place to address any potential slippage in capital plan, risk rescored.□ October 2022 - Business Case reviewed and approved in Board 6th October 2022.	KSO4
1272	12/08/2022	Plastics Administration Team Resources	Challenges in delivering timely/adequate cover of our services such as theatre scheduling, Clinic typing and oncology scheduling and general patient pathway administration.□	Interim plans with the appointment of Bank staff; band 2, band 3 to support where needed. □ Substantive staff undertaking bank hours to help cover the backlog of work.□ Daily huddle to coordinate priority of workload through team□ Service Manager assisting at Band 4 level with oncology administrative processes.□ Support offered by other surgical services to help with scheduling.□ Service going out to agency, in light of shortage in Bank labour.□	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	9	21/11/2022 - Finished recruiting to Schedulers, Admin' Support, Rota Team, Service Co-ordinators and a Service Manager. There is presently 1 WTE vacancy against the Medical Secretary line (although this will need to be confirmed to be completely certain). Whilst the service are waiting for individuals to come into post, the Service is using Bank to cover the gaps - for which we have a number of colleagues who can support. At this point it would be reasonable to scale down the risk score to meet the target level.□ October 2022 - Risk reviewed. Successful recent recruitment. Situation under constant review□ 24 August 2022: Risk has been reviewed. Rota element taken out as this is already covered in another risk, in which this problem is well represented. The risk remains significant for the service at present, as, whilst there are already 4 vacancies at present, there have been a further 3 resignation (which we may, also, struggle to recruit into).□ A rolling advert is presently out for the service's Medical Secretaries and Schedulers, in expectation of the fact that we cannot yet know the scale of gaps in the service.	KSO1 KSO2 KSO3

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1268	19/07/2022	Significantly Increased Referral Numbers to Sleep Service	Referral numbers to Sleep Services have doubled in comparison to previous rates and currently over 600 per month for a sustained period.	Recruiting to new posts, although that in itself is a risk. Outsourcing of some overnight diagnostic tests where clinically appropriate. Consultant triages referrals to prioritise most urgent.	Shane Morrison-McCabe	Philip Kennedy	Compliance (Targets / Assessments / Standards)	16	8	28.11.22 Referral rates continue to exceed 600 pcm. External consultant developing a detailed capacity and demand model but waiting lists are increasing. Revised 52 week trajectory submitted and DM01 trajectory to be reviewed also. Referrals are screened and urgent cases escalated as required. □ 27.10.22 All 52wk long waiters have now been dated (final 4), zero will be reported from November 2022. Risk can be reviewed and reduced.□ 11.10.22 Issue of increased referral rate to be shared formally as part of Commissioning Intentions letter and to be raised at system assurance meeting in October 22□ 13/09/22 To confirm dates with external consultant who will lead capacity & demand modelling using established tools and work up a range of options to reflect potential impact of variations in referral rates. □ □	KSO1 KSO2 KSO3 KSO4
1267	19/07/2022	Recruitment Challenges for Sleep Physiology and Technical team	Physiology/Technical team has had significant difficulties in recruiting to vacant posts. Trust has agreed to increase establishment following external review of service and benchmarking tools. Service may have long-standing vacant posts if cannot fill them all.	Seeking to apply Financial recruitment incentive for new starters. have sourced agency staff to support service. Consultant triages new referrals to ensure most urgent cases are prioritised.	Shane Morrison-McCabe	Philip Kennedy	Compliance (Targets / Assessments / Standards)	15	9	28.11.22 On-going recruitment process. Adverts placed for all teams and interviews to be set up. Number of staff in post is increasing and vacancies reducing. □ 25/10/22 Continuing to explore recruitment & retention options, including agency. Attended QVH careers evening. □ 13/09/22 Continuing to run recruitment processes at all bands with variable outcomes. Exploring further use of agency for specific sleep studies and potential shared post with Epsom & St Helier □ □	KSO1 KSO2 KSO3 KSO4

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1266	24/06/2022	Ophthalmic electronic patient record (EPR) - absence	The absence of a functioning Ophthalmic EPR prevents us from participating in the RCOphth National Ophthalmology Database (NOD) Audit which allows for quality assurance of NHS cataract surgery.□ QVH participated in the NOD for the first 3 years, but withdrew from year 4 onwards as free use/licensing of Medisoft (one of the principle Ophthamic EPR systems) was withdrawn.	At present, we perform an annual partial retrospective audit, the most recent covering a 5 month period with an aim to audit PCR rate in line with RCOphth requirement in order to assess quality of care. To identify complications, multiple sources need to be utilized - cataract complications book: checking when vitrectomy used, theatre log books were used to check description of surgeries and the Ophthalmic implants book which is used across all theatres at QVH.	Shane Morrison-McCabe	Andre Litwin	Compliance (Targets / Assessments / Standards)	15	9	29th November 2022: How the Ophthalmology EPR sits within the information technology and systems workstreams needs to be decided and funding identified to ascertain when this project can commence.□ 27th October 2022: Due to the development of the QVH Digital strategy, the ophthalmology electronic system has been paused until April 2023. Once the capacity allocation to the Trust has been obtained, this project will be re-started.□ October 22 - Options appraisal being submitted to F&P end f October - prioritization within programme of works required.□ September 22 - Continuation of the below. Specific next steps need to be defined in order to decide whether this is something that can be prioritized in 23/24. Action with Director of Ops.□ August 22 - Further to discussions at EMT meeting, the requirement for an electronic solution was discussed at the HMT meeting on 18/07/22. It is agreed in principle, however, further work has been requested and ensuring IM&T are fully engaged. In addition, a series of meetings have been set up to work up the Option with UHSx into a full business case (including clinical pathways and implementation plan).□	KSO2 KSO5
1265	14/06/2022	National remifentanil shortage	Reduced theatre productive due to longer recovery time for patients requiring additional staff input and space.□ Increased risk of post-operative side effects with older agents.□ Risk of increased complication rate and mortality rate.□	1. All anaesthetic staff made aware of shortage. 2. To plan which patients are priority for remifentanil. 3. Ensure that full allocation is ordered each week. 4. Risk assessing feasibility of vial sharing during this period 5. Remifentanil is still available but in smaller quantities. Anesthetists have made changes in practice to ensure there is no total stock outage at QVH 6. Weekly monitoring of total stock in hospital. Information sent to lead anaesthetists. 7. Audit of airway issues to be undertaken by Anaesthetic registrar in recovery to compare to previous results	Nicola Reeves	Judy Busby	Patient Safety	12	8	**December 2022** - Stock levels now returned to normal. Risk can be closed.□ 24/11/22 Email received from Regional Pharmacy Procurement Specialist. Situation now improved. Stock returning over next 2 weeks. Although allocations now removed all hospitals have been asked to only order historic use in interim 2 weeks i.e. not restock. Risk score can be reduced in interim period then closed once back to normal. Multidosing of vials to be stopped.□ 23/11/2022 No update on national shortages datbase. Situation is improving but allocations are still in place as would not be able to cope if removed. Pharmacy still ordering weekly allocation . Stocks are reducing due to use above allocation. Anaesthetic and theatre staff reminded of ongoing situation.□ October 2022 - SOP in place. Small increase in supplies has eased the situation.□ 23/08/2022 - Reviewed. Current usage is higher than central allocation. Anaesthetic leads are aware of challenges□ 9/8/22 Controls in place updated in line with discussion at CGG□ 5/8/22 Continuous monitoring of the situation. Anaesthetists updated weekly of stock level. Currently still have stock and receiving allocation.□	KSO1 KSO2 KSO3

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1264	20/06/2022	Risk to operational delivery of Pathology Services: IT systems related	Risk to operational delivery of Pathology Services and progression of Programme. □	Progression of LIMS and MES workstreams: Potential for risk to increase if workstreams are delayed □ Limited mitigation until new LIMS in place □	Steve Jenkin	Fiona Lawson	Compliance (Targets / Assessments / Standards)	16	8	25th October 2022: some loss of funding from NHSE; going out to Tender (short timeframe for procurement process). MD presentation at EMT 25/10/22. □ 22nd August 22: Project manager now in post to ensure that QVH has the additional capacity for the pathology network workstream.□ 1st August 22: Progression of LIMS workstream within NS7 Pathology Network. There is still potential for risk to increase if workstream is delayed as current LIMS is at end of support 1st Jan 2023. There is limited mitigation until new LIMS is in place.	KSO2 KSO3 KSO5
1259	16/03/2022	Increased Cyber Security Threats due to global challenges	There is a cyber security risk of Russia targeting the UK with ransomware and denial-of-service attacks.	All security updates are deployed and installed within 14 day of being released □ Microsoft Defender for Endpoint (MDE)on all Desktops and servers has been enabled □ Microsoft Defender Antivirus (MDAV)on all desktops and servers has been enabled□ Reregister on NHS Digital provided Vulnerability Management Services including Early warning and Web Checker.□ Ongoing vulnerability scanning of Trust IT Infrastructure	Steve Jenkin	Nasir Rafiq	Information Management and Technology	15	4	**December 2022**: much of the mitigation work now completed. All other cyber security risks remain open as there is much overlap between them and this is an ongoing challenge.□ 01/08/2022: new firewall have been installed. cyber security Screen savers implemented to all desktops.□ 24/06/22: Active Directory Assessment migration work has started however due to the complexity and risk of managing service impact the changes are taking longer than expected. The firewalls upgrade work is scheduled to start on 11 July and completed by 28th July.□ new cyber security screen savers will be deployed in July providing guidance to staff. A report will be presented to the IMT group in 12 July with recommendation to minimise the risk score.□ 16/05/2022: Active Directory Assessment has been completed and work to mitigate security vulnerabilities has starts, work expected to be completed by 30 June 2022. □ Secure Boundary will be part of the firewall upgrade works which has already started and expected to be completed by 31 July 2022.□	KSO1 KSO2 KSO3 KSO4 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1255	17/02/2022	Sterile Services provision failures	Our off site sterile services provider is in business continuity due to severe staff shortages.□ The risk is not being able to deliver any services relating to theatres and outpatient clinics that require sterilized equipment	The sterile services equipment team leader meets daily with the customer service manager of the sterile service provider to ascertain what is required to deliver the service on a daily basis.□ There are weekly meetings with the decontamination lead, sterile services equipment team leader and general manager from the sterile service provider.	Shane Morrison-McCabe	Claire Ziegler	Compliance (Targets / Assessments / Standards)	12	9	31.10.22 - A Remedial action plan is requested from service provider; a meeting has been scheduled for 2.11.22 with service provider CEO and QVH DoOps /COO and Chief of Finance. 05.07.2022 - paper presented outlying the current challenges was presented by Director of Operations at F&P. Outcome was to provide a further details regarding the options available. A paper will be presented to EMT in the week commencing 11th July 2022.	KSO2 KSO3 KSO4 KSO5
1254	16/02/2022	Speech and Language Therapists Staffing (Inpatients and Outpatient/Community Services)	QVH SLT team has significant level of vacancies within substantive staffing.□ Risks:□ 1.Will breach local targets for waiting times for non-urgent outpatients 2.Inability to provide indirect clinical services-(training/reviews of policy's/audit) 3.Reliant on Bank and agency staffing 4. High pressure on current SLT staff affecting wellbeing/moral	1. Ongoing additional bank hours of substansive Community SLT - 0.2WTE 2. Patients with Urgent triage are prioritised at weekly caseload meeting 3. Regular team meetings, triage and debrief sessions for staff 4.Targeted recruitment continues for agency cover 5. Resourcing team in collaboration with Therapy manager and Principal SLT looking at boosting advertising of post 7. Clinical staff have delegated roles to admin who is progressing well although new into post 8.Clinial Lead has reduced input in roles internally, AFC panel, mediation etc. 9. Monitoring activity and demand, bi-monthly	Shane Morrison-McCabe	Sarah Holdsworth	Compliance (Targets / Assessments / Standards)	12	9	11/22- Current WL status 7 Urgent Community referrals breaching.5 will be booked appointments by 23/11. Inpatient/ VFS and ENT remain meeting targets. Agency to cover Voice outpatients in place till 10/02/23.Interview for B8a SLT on 23/11. Confirmation of Community SLT returning from Mat leave 13/2- Flexible working request accepted. New establishment completed, ECF and SCF submitted. Plan for vacancy cover emailed out to H&N MDT on request.□ 10/2022 Current Status-10 Urgent community patients breaching. 5 of these will receive appointments in the next 72hours after re-triaging completed by current clinical status. SLT Inpatient and outpatient service within targets. 8a SLT post for authorisation and advertising. Maximum available bank work continues. Agency request form to be submitted ASAP to cover ENT outpatient caseload for period of recruitment. Meeting scheduled with Principle SLT 28/10 to review and plan establishment for next 18months.□ 09/2022 Current status 12 Urgent patients breaching, Routine wait 15weeks Weekly caseload meetings for SLT to re-prioritise on risk. Looking actively for agency, maximum	KSO1 KSO2 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1253	15/02/2022	Waiting List managment: Plastics	Patients not added to the Waiting List on Patient Centre.□ Patients can have a 'wait list form' on Evolve completed, however this does not transpose onto the waiting list on patient centre: they are therefore not tracked on the PTL. □	1. New process: med secs to ensure that when typing clinic letters, they automatically cross reference within patient centre system to ensure that an "addition" to wait list has been completed and the patient has been added. 2. Evolve have developed a waiting list report that will be distributed weekly to cross check the PTL to ensure no patients are missed: audit to be progressed	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	6	24/08/2022 - sent email querying the status of this risk on the risk register, in light of the quality control (V-Look), that is now in place. □ 29/06/2022 - risk discussed at Plastic Business Unit Meeting. Service Manager reported that 'V Look-Up' is working well for catching patients who have not been added to the waiting list and the report continues to be distributed twice-a-month. Service Manager is going to present risk status with a view to downgrading/closing. □ 13/04/2022 - Report now available from Evolve on all completed Waiting List Forms with V "look up" facility for cross checking on Patient Centre. Initial findings have uncovered patients not added onto the waiting list for both Plastics & H&N. Further investigation underway within services.□ 31 March 2022 - have requested update on progress against this piece of work from Service Manager, who has been working hard to address. Have also queried whether mitigations are working, as incident volumes associated with this problem appear to be non-existent for February since the incident was opened.	KSO1 KSO3 KSO5
1250	24/01/2022	Additional licence conditions	Breach of additional licence conditions.	Interim Chair in post□ Independent review jointly commissioned by NHSEI and QVH to make recommendations which will help resolve conflict and to build a consensus□ Communication of the change in licence conditions to all relevant stakeholders and discussion about the implications. □ Remedial action will be taken once the results of the review are published. □ Discussion at Board and CoG and development of an action plan that will be monitored by the regulator.□ The objective (target risk) - removal of the licence conditions by regulator□	Steve Jenkin	Clare Pirie	Compliance (Targets / Assessments / Standards)	16	12	**December 2022**: □ The trust is under two additional licence conditions:□ The first relates to ensuring that the Trust has sufficient and effective Board leadership capacity and capability in place, and effectively functioning Council of Governors. □ The second condition relates to the Council of Governors working effectively with the Board, and operating in accordance with their statutory roles and responsibilities. □ The Trust has made progress on both these issues, including appointing a substantive Chair, there is however more work required.□ 26/9/22: Independent Review action plan included in public Board papers. Work underway on single remaining outstanding action which relates to procedure for responding to any concern raised about a governor's conduct□ 28/7/22: Substantive Chair now in post - Action taken on recommendations of independent review. Communication of the change in licence conditions to all relevant stakeholders and discussion about the implications□ 22/06 New chair appointed by CoG starts on 11 July. Action plan from independent review being implemented and discussed monthly	KSO3 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1249	17/01/2022	Sentinel Lymph Node Biopsy (SNLB) Wait List: capacity issues	Rise in demand to perform Sentinel Lymph Node Biopsy for skin cancer□ Not enough capacity in theatres & clinics to undertake them all□	Escalation protocol in place to Service Coordinators to increase capacity.□ Weekly Review by Service Co-ordinators and Cancer Pathway Trackers□ Extra Clinics added where possible	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	6	**28.12.22** - A system SLNB network group will be set up with the ICS cancer lead. QVH DoOps, GM and Head of Access will attend to formulate a plan.□ 22/11/2022 - the backlog had been substantially addressed via a dedicated administrator for SNLB, a well-ordered waiting list, a weekly meeting with the GM and Clinical Lead. However, due to the shortfall in radioactive isotopes, several lists have had to be cancelled and the backlog has grown - a bit - once again. The routine capacity is equal to the routine demand, but the capacity for the backlog, and for seeing this backlog in a clinically optimal timescale, is insufficient. We consequently have asked the Clinical Nurse Specialists to check in with the patients that have breached this timescale in order to ascertain whether they are safe to continue waiting. 24/08/2022 - concern that this risk has persisted as a problem in spite of extra Saturday lists. Clinical Director and GM to organise urgent meeting to discuss rapid generation of additional capacity, as well as how timely oversight and intervention may be established. □ 29/06/2022 - additional lists offered to	KSO1
1247	10/01/2022	First appointment delays from tertiary referrals: Plastics (skin)	First appointments not generated upon receipt of referral to QVH.□ Triage delays: paper copies	Review and improvement of processes □ Validation of PTL□	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	9	22/11/2022 - Medical Secretaries are printing the list of patients off instead of letting the consultants triage online. Will re-convene a meeting to discuss next steps for ensuring consultants use Evolve.□ 24/08/2022 - Evolve Triage Worklist roll-out initiated W/C 15 August. Need to confirm review date, in order to gauge effectiveness of programme.□ 25/7/22 Delay to roll out of Evolve Triage Worklist due to workload pressures. Updated user guide created and roll out by mid/end August. Incidents still being reported on no first appointments booked for some patients.□ 29/06/2022 - triage worklist trialed and proved to be a success. The ambition now is to roll it out more widely. At present we are still seeing instances of delayed address of first appointments and the intention is to raise these as incidents so that the problem can continue to be represented. □ 04/05/2022 - meeting with Clinical Leads took place to introduce the concept of the triage worklist and trial is due to shortly begin.□ March 2022: (Service Manager Review)□ Evolve Triage Worklist form ready for trial by Plastics Clinical Leads. User Guide and demo planned and trial to commence at the end of	KSO3

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1245	10/01/2022	Junior Doctor Rota Management: Plastics Surgical	Rota manager on long term sick leave. □ No substantive post holder to cover that work and no clear processes/SOP in place. □	1. Service co-ordinator is managing rota with assistance of admin support 2. Manual process now improved rota management to 6 weeks in advance - remains dependant on staff with competing duties & completion of consultant job plans in order to inform rota 3. Draft SOP initiated PROPOSED ACTION□ 1.Management of Rota further in advance and formalise processes 2.Create Standard Operating Procedures SOP 3.Band 4 admin support to undertake band 5 role as rota manager for 3 months as of Jan 2022 and support Rota Manager's phased return from long term sick leave 4.Migration to Healthroster planned for early 2022 5. Review of WTE requirement in department to manage workload	Shane Morrison-McCabe	Phillip Connor	Compliance (Targets / Assessments / Standards)	12	4	22/11/2022 - we have now successfully recruited a Rota Manager and a band 4 Rota Co-ordinator. We are currently building rotas out into February now and the latest GMC survey indicates a marked improvement in rota management. We are introducing a third Rota Co-ordinator to the service in order to ensure that a Rota Co-ordinator can offer direct, responsive support to the rota service. We are also in the process of discussing the contract for Activity Manager in order to electronically roster the service's clinicians in the future. This should hopefully serve to deepen the mitigation of this risk.□ 25/7/22 - Not been able to appoint in first round of adverts to Rota Coordinator. Current Rota Manager has now resigned and leaves on 26/8 which will leave no substantive rota team in place. Bank cover for 21 hrs p/w to commence by end of July and requires training. Existing Rota Manager sick and this has put rota back and as a consequence of this, and not the 2 x WTE required, we are only 4 weeks out with the rota. Service Co-Ordinator now spending all her time on rota. On top of admin pressures, we have sickness in Registrars which is impacting on staffing the rota. Some activity has had to be suspended.□	KSO3
1240	19/11/2021	Unregulated use of data sharing apps	IG and IT are aware that there is use of data sharing apps at the Trust which could pose significant data security risks if unregulated or used for business purposes on personal devices	Trust owned devices have a strict AD and policy security group profile installed. This does not allow any unapproved data sharing apps unless agreed at local level.	Lawrence Anderson	Dominic Bailey	Information Governance	12	6	24/10/22: The Trust has undertaken an external Digital Professionalism presentation which was attended by clinical staff. IT and IG now need to decide on a formal agreement process for permitting data sharing apps. Pando was the sharing app that initiated this risk initially and it to be agreed t with a set of strict, clear guidelines on use.□ 24/06/22: The Mobile Device Management policy and the forthcoming Digital Communications policy may provide some control. Scope is just Trust owned devices, so more required regarding staff using their own devices to install and use apps for PID even if the app is authorised centrally, (NHSEngland). We will consider interpolating a section statement regarding the Trust standpoint on use of apps for PID that are unauthorised at local level on own devices, (already prevented on Trust devices) plus another round of formal communications to all staff focused on clinical. We also have a professional speaker on the topic invited to Trust wide clinical audit in September.□ 17/02/22: PC's and laptops have AD and	KSO3

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1239	02/11/2021	Canadian Wing Staffing	Unable to fulfil the rota requirement	management of activity	Nicola Reeves	Liz Blackburn	Patient Safety	15	6	**December 2022** - Risk reviewed. Ongoing recruitment issues□ October 2022 - reviewed and risk remains moderate□ 23/08/2022 - reviewed, remains a moderate risk□ 27/07/2022 - reviewed□ 22/6/22 - Good uptake of bank shifts, recruitment remains a challenge.□ 6/4/22 - Remains an ongoing issue□ February - Evidence that incentives are having positive impact on uptake of bank shifts. International Recruitment options being considered.□ November - EMT have approved a paper to address staffing challenges using a range of incentives to encourage applicants	KSO1 KSO2 KSO3 KSO4 KSO5
1238	02/11/2021	Peanut Ward Staffing	Lack of staff to fulfil the rota requirements	Control of activity at night to maintain safety□ TDS review of staffing	Nicola Reeves	Emma Alldridge	Patient Safety	15	6	**December 2022** - risk reviewed, remains moderate□ October 2022 - improved situation but risk remains at present□ August 2022 - Twilights not cover for next off duty period remain minimal. Rostering now prioritizing twilights. Staffing situation expected to improve with addition of new nurse and nurse returning from absence. □ 27/07/2022 - From 8th August,twilight shifts covered with minimal numbers of shifts vacant. New nurse starting once recruitment checks are complete and a nurse potentially returning from long term sickness. This will help bolster the twilight cover further.□ 22/6/22 - Interviews in progress for two band 5 posts.□ 6/4/22 - Ongoing, new Matron now in post□ February 2022 - Ongoing review. Consideration of international Recruitment to address staffing shortfall.□ January - New matron due to start March. Enhanced bank rates now in place. Welcome bonus being introduced. Vacancy rate 20%□ November - New Matron appointed, pending start date. EMT have approved a range of measures to encourage recruitment	KSO1 KSO2 KSO3 KSO4 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1231	04/10/2021	Late tertiary cancer referrals	The trust is receiving up to 26 late cancer referrals a month and around 45-50% are past 62 days. The trust is treating around 90% of patients within 24 days however these patients are on our PTL and in our weekly PTL reported numbers.	unable to control externals late referrals, however:□ Weekly national/regional reporting. Twice weekly cancer PTL meetings which goes through each individual patient ensuring they have a next step booked within time. Escalations are sent out after each meeting. □ PTL is widely distributed across the trust, including admin and clinical staff. □ The responsible Committee should be the Cancer Board who meet monthly.	Shane Morrison-McCabe	Victoria Worrell	Compliance (Targets / Assessments / Standards)	15	9	16/11 update: Late tertiary referrals continues to be a key risk, receiving late referrals from 10 trusts across Kent, Surrey and Sussex. Continuing to closely monitoring the trusts 24 day performance at Cancer Board and in the weekly ICB submissions. □ 27.10.22 The issue of late tertiary referrals has been raised by the DoOps to ICS & NHSE colleagues at the Quarterly Assurance meeting held on 12th October. In addition, it is raised at the Planned Care Leads meeting to ensure system DGH peers expedite patient assessment and referral to QVH in line with the new system policy. □ 20/10 update: late tertiary referrals continues to be a key risk, receiving late referrals from 10 trusts across Kent, Surrey and Sussex. Continuing to closely monitoring the trusts 24 day performance at Cancer Board and in the weekly ICB submissions. □ 01/06 update: trust continuing to receive late referrals across Kent, Surrey and Sussex. Detailed reporting is continuing at Cancer Board level. Started to include percentage of late referrals within the backlog, on a weekly basis, communicating this with the Sussex ICS. Continuing to maintain a grip on the 24 day target, compared to 2020/21 the trust has improved its 24 day performance by 7%,	KSO3
1226	13/07/2021	Adult Burns - Delivery of commissioned services whilst not meeting all national standards/criteria	-Lack of key services and support functions onsite (renal replacement facilities, and other acute medical specialties when needed urgently) -Potential increase in the risk to patient safety -Potential loss of income if burns derogation lost	-Operating at Unit+ level -Adult Burns inpatient review taking place -Strict admission criteria in place, any patient not meeting criteria will be referred on to a Burns Centre -Low threshold for transferring out inpatients who deteriorate and require treatment not available at QVH -SLA in place with UHS for ITU verbal support	Tania Cubison	Nicola Reeves	Compliance (Targets / Assessments / Standards)	12	8	**December 2022** - Peer review completed, awaiting formal outcome although favorable feedback was given on the day.□ October 2022 - Peer review of service to be carried out 09/11/2022. Spec comm awaiting this outcome.□ June 2022: Specialised commissioners continue to review prior to creation of options appraisal□ 6/4/22 - no update on options appraisal available□ February 2022 - Specialised Commissioning continuing to work on case for change and options appraisal for provision of a compliant burns service□ 15/12/21: NHSE Specialised Commissioning leading work on Case for Change and Options Appraisal□ 31/03/2022 - we are at risk of being short 1.5 Burns Consultants given lead times for recruiting to these posts. Furthermore, we have had no eligible consultants in the last round of advertising. We are working up a plan to cover uncovered DCCs and to potentially recruit a fellow to the Burns consultant post, which may be a more attractive prospect. PC	KSO1 KSO2 KSO3 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1225	28/06/2021	Head & Neck Staffing	There is a vacancy of 5.2 WTE on the newly created Head & Neck unit whilst recruitment is taking place. The unit is now open due to demand and is being staffed by 6.82 WTE staff as well as being heavily reliant on bank and agency staff. This poses a risk that the unit is frequently left short staffed which can impact upon patient safety.□	- Use of bank staff, an enhanced rate would lead to greater uptake of shifts. - Ongoing recruitment, however there have been no suitable applicants in the three adverts that have run so far.	Nicola Reeves	Sarah Wilkinson	Patient Safety	15	6	**December 2022** - Risk reviewed□ October 2022 - Risk reviewed□ 23/08/2022 - Risk reviewed□ 27/07/2022 - ongoing□ 22/6/22 - Vacancy remains, continue to advertise vacant posts.□ 6/4/22 - Vacancy continues to be a challenge. Ward has been closed on a number of days to maintain safety by redeploying staff as appropriate□ February 2022:: International Recruitment being considered to address staffing shortfall.□ January - Enhanced bank rate in place. Welcome bonus due to be introduced. Significant vacancy remains with 47% of posts remaining vacant.□ November - EMT have approved plans to increase recruitment□ October - Update 26.10.21□ Re-templated the establishment to incorporate a Band 7 Matron (0.60WTE) and staffing of 2+1 on day shifts.□ Currently a clinical vacancy rate of 44%□ August - Update 17/08/2021□ Establishment remains at 6.82 WTE. However some staff are leaving. Full details below:□ B6 = 4.75 WTE in post□ B5 = 1.0 WTE in post. 1 WTE is applying from	KSO1 KSO2
1221	07/06/2021	Antimicrobial prescribing	Audit has shown that there are low levels of compliance with antimicrobial prescribing guidance.□ Antibiotics are being prescribed inappropriately by being prescribed when there is no indication, they are being prescribed for too long, no indication is being given, no duration is being documented, samples are not being sent for Microbiology analysis and when they are there is often no review of the organism and therefore antibiotic prescription is not altered.	Clear antimicrobial prescribing policy□ Micro guide available for all staff to download onto their smart devices□ 24 hours on call Microbiology service□ Audits of antibiotic prescribing. □ Infection control guidance and messaging and education of doctors. Indications for antibiotic prescribing mandated on drug charts.	Tania Cubison	Judy Busby	Patient Safety	15	9	24/11/22 Audit of basic antimicrobial stewardship compliance presented at JHGM. Email sent out to all Max fac and Plastic surgeons reminding them of good prescribing. Max fac Governance lead has highlighted at Nov M&M. Stewardship group met with Microbiologist to discuss availability.□ 24/10/22 Remains an ongoing challenge. Start Sharp Then Focus programme and Drug chart audits continue. We are considering new approaches to reward and accountability to improve clinician engagement. We are looking at a hybrid solution to provide microbiology support with a plan for fixed time Teams virtual meetings to improve accessibility and continuity for micro advice□ 17/10/22 Brief update given at JHGM. Lack of clinical engagement at stewardship meetings□ 6/9/22 5 minute update to be given at next JHGM□ 5/8/22 New audit regarding indication and duration documentation underway.□ 7/7/22 Audit completed by antimicrobial pharmacist. Reviewing SLA with Brighton regarding microbiologist cover□ 8/6/22 Date for next stewardship meeting arranged□ 20/5/22 Audit being undertaken to identify individuals not complying.□	KSO1 KSO2

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1210	09/02/2021	Covid-19 Clinical Challenges	Staff required to work in different ways□ National guidance being updated on regular basis□ Adverse impact on patient experience - particularly linked to restricted visiting and infection control recommendations□ Potential Covid-19 outbreaks in either workforce or patient cohorts	R&R governance meetings weekly□ Open door IPACT policy□ Generic email address for queries or concerns □ Case by case management regarding visiting restrictions□ Asymptomatic staff testing both via Lateral Flow and Optigene□ Patient screening pre admission□ Optigene screening for trauma patients□ Management of "accompanying" carers with patients coming to OPD□ Remote check in to avoid numbers in waiting rooms□ Virtual clinics when possible □	Nicola Reeves	Karen Carter-Woods	Patient Safety	12	8	**December 2022** - Risk reviewed. Continue to adhere to national guidelines. Vigilance regarding potential out breaks. Reduction in opening hours of Optigene lab to reflect reduced prevalence screening.□ October 2022 - Continue to adhere to national guidance, close review of QVH numbers of positive staff.□ 23/08/2022 - national guidance continues to be adhered to. □ 27/07/2022 - Further reductions in mask wearing and testing paused due to increase in prevalence during July. Under constant review.□ 22/6/22 - Patient covid testing pathways reviewed and rolled out. Mask wearing guidance reviewed in all areas.□ 6/4/22 - Guidance reviewed and QVH SOPs being amended to bring up to date□ February 2022 - All national guidance reviewed and changes made to policy as required. This is then managed via the IAPCT governance routes. IPACT BAF reviewed and presented at Q&G. □ November - QVH continues to apply rigorous IPACT precautions and use Optigene and lateral flw to manage the staff risk. PPE and social distancing are maintined□ July - Following "freedom day" QVH continues	KSO1 KSO2
1199	09/12/2020	Inability to deploy a flexible CCU workforce due to recruitment challenges	* Potential for there being insufficient trained staff to care for a critical care patient * potential for cases to be cancelled * Possible reputational damage due to being unable to cover amber pathway and patients being refused. * Stress to workforce endeavoring to cover at very short notice. * Staff reluctance to cover	Refusal of admissions when staffing unsafe	Nicola Reeves	Sarah Wilkinson	Patient Safety	15	9	**December 2022** - Ongoing challenges being compounded by high levels of long term sickness. Risk remains□ October 2022 - Risk reviewed and remains as reported□ 22/09/2022 - Increased sickness absence on top of current vacancy. Daily risk assessments to review staffing and ability to accept level 2 and 3 patients.□ 23/08/2022 - capacity paper currently with Chief Nurse for review. □ 27/7/2022 - reviewed - ongoing, still awaiting outcome of capacity review□ 22/6/22 - Continued vacancy with CCU, review of staffing and bed capacity being undertaken.□ 22/4/22: B5 vacancy = 5.81 WTE with 1.0 WTE recruited to. □ Out of the 3.53 WTE Band 5s, 2.53 WTE are new to ITU (started within 6 months). □ B6 vacancy = -0.09 WTE vacancy with 0.61 WTE to be available from the 8th May 2022□ Rolling advert out for band 5s and are soon to advertise for PT/FT Band 6 □ 6/4/22 - ongoing staffing challenges being managed on a day to day basis□ January - Enhanced bank rate in place. Welcome bonus due to be introduced. Recently lost 4 Band 6 SSN's. 26% of posts	KSO1

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1198	09/03/2021	Medical Workforce Sleep Unit	Risk to long-term stability of diagnosis and prescribing for patients in Sleep Unit due to age profile >60 years and retired status of majority of existing substantive medical workforce. Requires succession planning.□	Current Workforce <60 years old/not retired:□ 1 PA - respiratory and sleep disordered breathing - locum/bank□ 8 PA - Associate Specialist Registrar sleep disordered breathing and sleep - bank/locum >2 years. Succession/strategy planning underway.	Tania Cubison	Philip Kennedy	Patient Safety	15	9	11.10.22□ New starter onboarded as planned 5.10.22 and another new Bank Consultant also started on same date.□ Full Time locum post advertised on Trac□ 23/8/22□ 10 PA post, shared with Epsom and St Helier offered and accepted, with proposed start date of 5th October.□ On going development of Consultant Job Plans with aim of advertising in September□ All locum Drs asked to confirm their availability for remainder of 2022 in order to provide greater stability of service provision and capacity. □ 29/6/22: Funding for an additional 19PA Consultant time approved by EMT. Development of Job Plans underway with medical staffing team. One candidate has withdrawn from FT post but will provide remote clinics on Bank. Joint Registrar with EStH has resigned from post. Plans still progressing for one FT post shared with EStH, due to start Oct 22. Currently doing small number of Bank	KSO3
1189	08/12/2020	Workforce succession planning: radiology	- 50% of the workforce at / approaching retirement age - difficulties recruiting: Lack of ultrasound / radiographer/Radiologist workforce nationally - multiple failed recruitment drives previously and currently	-Bank staff/ agency	Shane Morrison-McCabe	Sarah Solanki	Compliance (Targets / Assessments / Standards)	15	9	**28.12.22** - Task and Finish Imaging workforce group again raised at EMT by DoOps and Workforce Exec will take forward. Imaging workforce status and recommendations report written for the January F&P Committee.□ 06-12-2022 - Still no approval for CDC BC so onboarding staffing is paused. staff morale is low in the band 3 RDA posts. Not enough of them and they are stretched. Trust were not supportive of recruiting at risk. band 7 ops lead handing in notice soon. Education and development group - tasked with completing 5 year workforce plan for nursing/AHP. Still no task and finish group set up to progress this. Have escalated to DoN. 07-11-2022 CDC BC went back for approval on the 3rd Nov. Not heard regarding approval. I had conversations with staff who previously spoke to me around possibility of retiring. 1 staff member has said they are still considering their options re retirement (sonographer). The other staff member (radiographer)has said now their health issues have stablised, they want to remain working. band 3 support roles have low morale as have not been able to recruit at risk but there is too	KSO1 KSO2 KSO3 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1077	22/08/2017	Recruitment and retention in theatres	* Theatres vacancy rate is increasing * Pre-assessment vacancy rate is increasing * Age demographic of QVH nursing workforce: 20% of staff are at retirement age * Impact on waiting lists as staff are covering gaps in normal week & therefore not available to cover additional activity at weekends June 2018: * loss of theatre lists due to staff vacancies	1. HR Team review difficult to fill vacancies with operational managers 2. Targeted recruitment continues: Business Case progressing via EMT to utilise recruitment & retention via social media 3. Specialist Agency used to supply cover: approval over cap to sustain safe provision of service / capacity 4. Trust is signed up to the NHSI nursing retention initiative 5. Trust incorporated best practice examples from other providers into QVH initiatives 6. Assessment of agency nurse skills to improve safe transition for working in QVH theatres 7. Management of activity in the event that staffing falls below safe levels. 8. SA: Action to improve recruitment time frame to reduce avoidable delays	Shane Morrison-McCabe	Claire Ziegler	Patient Safety	12	4	**05.12.2022** Update November /December Leavers B6 X 1 B7 X 1 (fixed term contract) workforce planning years 1-5 underway with emphasis of training and revisiting overseas recruitment□ 21.10.2022 Update September / October: Leavers B5 X 2. Leavers B6 X 2 all cited the cost of living crisis as part of their decision to leave, moving out of area or positions with HCA attached. Continue to be challenged in HCA recruitment and admin staff□ 20.09.2022 Update August/September: Continue to be challenged with HCA recruitment, with current advertising. Leavers B5 X 2 Joiner B5 X1. Continue with plan for internal staff training opportunities to fill identified skills gaps. □ 22.08.2022 Update July/August. Still a shortfall in HCA's out to advert. B5 resignation and still awaiting on boarding completion B7 Day Surgery and B6 Theatres. ODP shortage, in house apprenticeship training underway and review of nurse anesthetic course availability locally.□ 20.07.2022 Update June/July Shortfall in HCA out to advert but recent unsuccessful	KSO1 KSO2
1040	13/02/2017	Age of X-ray equipment in radiology	Significant numbers of Radiology equipment are reaching end of life with multiple breakdowns throughout the last 2 year period.□ No Capital Replacement Plan in place at QVH for radiology equipment	All equipment is under a maintenance contract, and is subject to QA checks by the maintenance company and by Medical Physics.□ Plain Film-Radiology has now 1 CR x-ray room and 1 Fluoroscopy /CR room therefore patients capacity can be flexed should 1 room breakdown, but there will be an operational impact to the end user as not all patients are suitable to be imaged in the CR/Flouro room. These patients would have to be out-sourced to another imaging provider.□ Mobile - QVH has 2 machines on site. Plan to replace 1 mobile machine for 2019-2020□ Fluoroscopy- replaced 2020.□ Ultrasound- most US kit was replaced during covid pandemic and with CDC funding.	Shane Morrison-McCabe	Sarah Solanki	Patient Safety	12	2	**28-12-22** - CDC has now been formally approved in writing by NHSE. 06-12-2022 still no formal approval for CDC BC. Replacement x-ray room not moving forward without funding. MES - finance are looking at financial aspects prior to moving to phase 2 of project. New lease agreement for current MRI will need renegotiation ASAP. 07-11-2022 CDC BC discussed again on 03-11-2022. Still not formally approved. Have not raised PO for replacement Xray room. MES - lack of project management support moving forward. Deputy Dof mentioned the need for 5 case model - this will need someone to write this. Trust will need to support this. MES documentation has been updated by commercial solutions. DOF met with commercial solutions lead for update around the project to date. 30-10-2022 - xray room factored into CDC BC. Risk around lead in for builders due to delay in raising the PO for project. Lead in time for builders is 3 months so risk project ending before year end. 10-10-2022 - This project is now moving into phase 2. We have a new SRO in the DoO.	KSO1 KSO2 KSO3

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
877	21/10/2015	Financial sustainability	1) Failure to achieve key financial targets would adversely impact the NHSI "Financial Sustainability Risk rating and breach the Trust's continuity of service licence. 2)Failure to generate surpluses to fund future operational and strategic investment	1) Annual financial and activity plan 2) Standing financial Instructions 3) Contract Management framework 4) Monthly monitoring of financial performance to Board and Finance and Performance committee 5) Performance Management framework including monthly service Performance review meetings 6) Audit Committee reports on internal controls□ 7) Internal audit plan	James Drury	Jeremy Satchwell	Finance	20	16	September 2022: Month 6 YTD Breakeven and Breakeven Forecast Outturn for year end. Development of in year and longer term financial improvement projects continuing. Efficiency improvement plans to be further worked up with key stakeholders to support longer term financial sustainability. Additional work to evaluate the underlying financial risks and options for mitigation where these are available.□ August 2022: YTD breakeven position for month 3. Further work is ongoing with regards to forecasting for the year and also review of the planning for 23/25 in line with national guidelines. In addition the Trust has started work on the HFMA checklist which is a national requirement to ensure the Trusts process and governance are reviewed.□ June 2022:Third submission of the business plan has been submitted with increased levels of efficiencies required to deliver a break even plan. Additional income of £1.3m granted to the Trust to mitigate the increased inflation.□ was February 2022: Planning for 22/23 is underway, first draft submission on the 17th of March. Plans will be discussed at Finance & Performance and subsequently the board. □	KSO4
834	09/09/2015	Non compliance with national guidelines for paediatric care.	Unavailability of a Paediatrician to review a sick child causing □ 1. Harm to child 2. Damage to reputation 3. Litigation	1. Service Level Agreement with BSUH providing some Paediatrician cover and external advice. 2. Consultant Anaesthetists, Site practitioners and selected Peanut Ward staff EPLS trained to recognise sick child and deal with immediate emergency resuscitation. 3. Policy reviewed to lower threshold to transfer sick children out 4. Readmission of infected burns criteria reviewed to raise threshold for admission 5. Operating on under 3 year olds out of hours ceased unless under exceptional circumstances With regards to SLA for paediatrician cover, □ 1. Continuous dialogue with consultants and business managers 2. Annual review meeting - Sept/October 2015 Audit of all transfers out carried out	Tania Cubison	Dr Sarah Bailey	Patient Safety	12	4	**December 2022** - SLA being reviewed. Telephone advice and guidance in place when UHSx team are not on site. □ April 2022 - SLA still being reviewed□ February 2022: HoN reviewing SLA - nil other significant update□ June 2021: SLA with Associate Director of Business Development. DoN and QVH Paediatric Lead reviewing 2015 standards with a view to updating or changing GAP analysis□ March 2021: r/v DoN and Head of Patient Safety - SLA under review□ February 2021: r/v DoN and Head of Patient Safety - rescored to CRR□ January 2021: due to C-19 there are currently no paediatricians onsite at QVH - 24/7 cover for advice by telephone is available.□ July 2020: meeting held with BSUH & they continue to support this service□	

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**12/01/2023**		**Agenda reference:**	**199-23**	
Report title:	Quality & Safety Board Report – December 2022				
Sponsor:	Nicky Reeves, Chief Nurse Tania Cubison, Medical Director				
Author:	Amy Brownlie, Clinical Audit and Outcomes Specialist Jacqueline O'Mara, Clinical Audit and Outcomes Specialist				
Appendices:	none				
Executive summary					
Purpose of report:	To provide updated quality information and assurance that the quality of care at QVH is safe, effective, responsive, caring and well led.				
Summary of key issues	• One serious incident declared • Continued progress with antimicrobial stewardship • Sustained improvement in MRSA screening				
Recommendation:	The Board is asked to be assured that the contents of the report reflect the quality and safety of care provided by QVH during this time				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	**KSO3:**	KSO4:	**KSO5:**
	Outstanding patient experience	***World-class clinical services***	***Operational excellence***	*Financial sustainability*	***Organisational excellence***
Implications					
Board assurance framework:	The report contributes directly to the delivery of KSO 1 and 2, elements of KSO 3 and 5 also impact on this.				
Corporate risk register:	CRR reviewed as part of the report compilation; the workforce and RTT18 risk impact the most on quality, safety and patient experience.				
Regulation:	The report contributes and provides evidence of compliance with the regulated activities in Health and Social Care Act 2008 and the CQC's fundamental standards.				
Legal:	The report upholds the principles and values of The NHS Constitution.				
Resources:					
Assurance route					
Previously considered by:	Quality and governance subcommittee				
	Date:	19/12/22	Decision:	Approved	
Next steps:					

Board Report

Contents

Executive Summary - Domain – Chief Nurse

HIGHLIGHTS & ISSUES

Safety of our patients and staff continues to be the primary focus for the Trust whilst also maintaining a positive patient experience.

Flu Vaccine
Trust Flu vaccination programme is in progress

Successful Covid booster campaign

Covid
Continue to monitor the Covid numbers locally and nationally. Also benchmarking against partner organisations.

Other
Major Refurbishment project for Canadian Wing wards has commenced due for completion in March 2023

One SI declared

Falls and VTE assessment remain 100%

Sustained improvement in MRSA screening

1 Clostridium Difficile Case

0 Pressure ulcers acquired at QVH

Executive Summary - Domain – Medical Director

HIGHLIGHTS

Antimicrobial stewardship

Remains an ongoing challenge. Start Sharp Then Focus programme and Drug chart audits continue. Continue to discuss the microbiology provision with focus on week day advice facility.

Clinical harm reviews

We continue to progress with clinical harm reviews and are gradually addressing the outstanding cases. We are considering a cohort approach to some conditions with the support of the regional team.

Out of Hours Operating

There was only 1 operation performed out of hours in Sept 22, 2 in October and 4 in Nov 22. They had average duration of 2.9hrs and range 1- 6.3 hours. 4 patients were hand trauma and 3 for flap issues or post op bleeding. All cases have been reviewed and deemed appropriate to be operated on out of hours.

Human Factors

Joint Hospital Clinical Governance (Nov) meeting emphasised the impact of Human Factors on patient safety, highlighting evidence from Kings Fund shows that positive collaborative working makes a difference; fewer people die, there are fewer complaints, and there is greater staff performance and satisfaction when we work together.

Exception Report

None to report

Safe Performance Indicators (1)

Metric Description	Target	Q3 2021/22	Q4 2021/22			Q1 2022/23			Q2 2022/23			Q3 22/23		12 month total/ rolling average
		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	
Infection Control														
MRSA Bacteraemia acquired at QVH post 48 hrs after admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium Difficile acquired at QVH post 72 hours after admission	0	0	0	0	0	0	0	0	0	2	0	1	0	3
Gram negative bloodstream infections (including E.coli)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA screening - elective	95%	98%	95%	98%	93%	98%	97%	98%	99%	99%	97%	97%	98%	97%
MRSA screening - trauma	95%	99%	99%	98%	97%	99%	100%	99%	99%	98%	98%	99%	98%	99%
Incidents														
Never Events	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Serious Incidents	0	0	0	0	0	0	1	0	0	0	0	0	1	2
Theatre metrics														
All patients: Number of patients operated on out of hours 22:00 - 08:00	5	3	3	3	3	0	3	6	6	2*	1*	2	4	33
Paediatrics under 3 years: Induction of anaesthetic was between 18:00 and 08:00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WHO quantitative compliance		99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Non-clinical cancellations on the day		7	4	29	19	5	8	10	10	8	6	5	6	140
Needlestick injuries	0	2	1	0	2	0	2	2	1	2	2	2	3	19
Pressure ulcers (all grades)(Theatre metric)		0	0	0	1	0	0	0	0	0	0	0	0	1
Paediatric transfers out (<18 years)		0	0	0	2	0	1	0	0	0	1	0	nc	4
Medication errors														
Total number of incidents involving drug / prescribing errors		6	4	17	10	6	13	17	19	21	12	18	28	171
No & Low harm incidents involving drug / prescribing errors		5	4	14	8	5	11	13	15	17	8	14	24	138
Moderate, Severe or Fatal incidents involving drug / prescribing errors		0	0	0	0	0	0	0	0	0	0	0	0	0
Medication administration errors per 1000 spells		0.6	0.6	0.0	1.9	1.2	0.6	1.1	2.3	2.2	2.2	2.2	2.2	1.4
Pressure Ulcers Hospital acquired - category 2 or above		0	0	1	0	0	0	3	0	1	1	0	0	6
VTE initial assessment (Safety Thermometer)	95%	96%	100%	100%	93%	100%	100%	100%	96%	100%	100%	100%	100%	99%
Patient Falls														
Patient Falls assessment completed within 24 hrs of admission	95%	100%	95%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	99%
Patient Falls resulting in no or low harm (inpatients)		1	1	6	1	5	2	3	0	2	2	4	1	28
Patient Falls resulting in moderate or severe harm or death (inpatients)		0	0	0	0	0	0	0	0	0	0	0	0	0
Patient falls per 1000 bed days		4.6	3.6	2.8	1.9	1.8	3.6	4.7	0.0	5.3	8.4	4.0	3.7	3.7

*All cases reviewed - no inappropriate patients operated on out of hours

Safe Performance Indicators (2)

	Variation/Performance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly.** It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable.** If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	**Something's going on!** This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

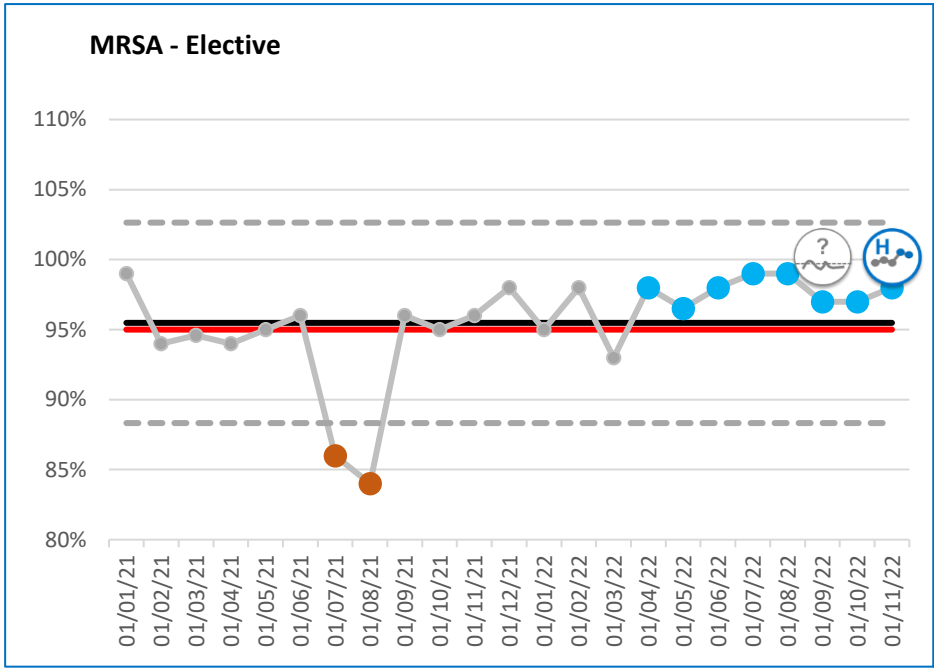
	Assurance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement.** Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

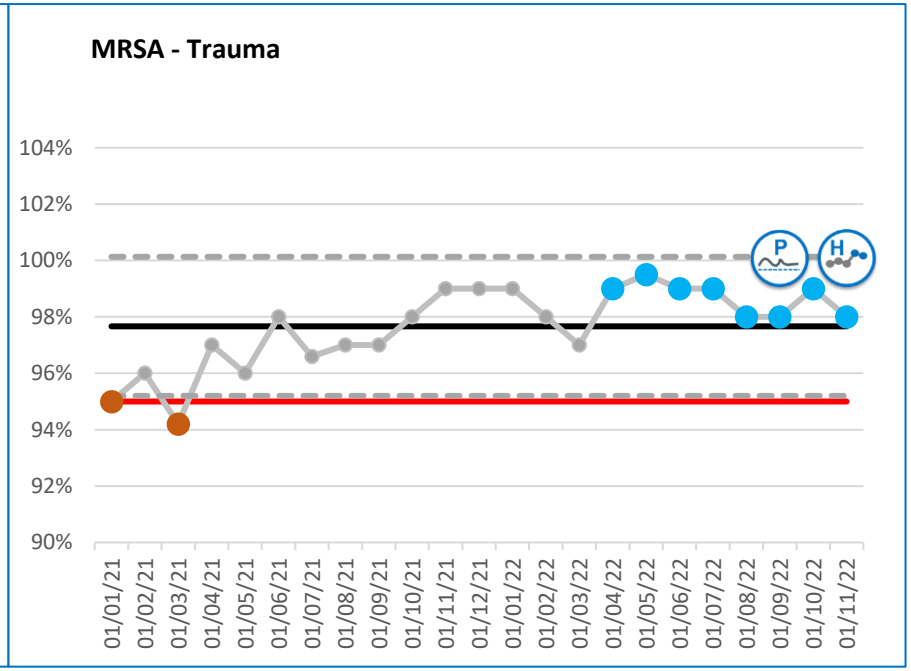
KPI	Measure	Target	Assurance	Variation	Comments for the latest period shown for each metric
MRSA - Elective	98%	95%			We are exceeding our target consistently.
MRSA - Trauma	98%	95%			We are exceeding our target consistently.

KPI	Measure	Variation	Comments for the latest period shown for each metric
Serious Incidents	1.0		Reviewed incident from June 2021, re-graded as an SI
Total no of incidents involving drug/prescribing errors	29.0		There is a higher level than normal for the number of incidents reported, but this is due to better reporting rather than harms.
Falls per 1000 bed days	1.0		No cause for concern, figures are within the expected boundaries.
Pressure ulcers per 1000 bed days	0.0		No cause for concern, figures are within the expected boundaries.
Complaints	6.0		No cause for concern, figures are within the expected boundaries.
Mortalities	0.0		No cause for concern, figures are within the expected boundaries.

Safe Performance Indicators (3) - MRSA

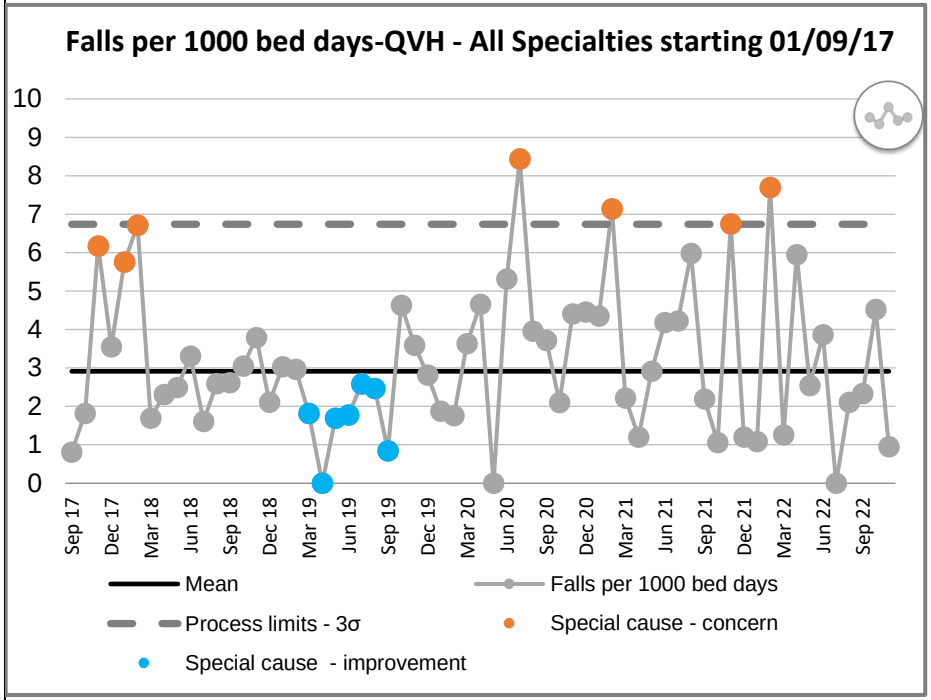
We are now consistently exceeding both our target and average for measuring MRSA, and can be confident that our processes for testing our patients is robust.

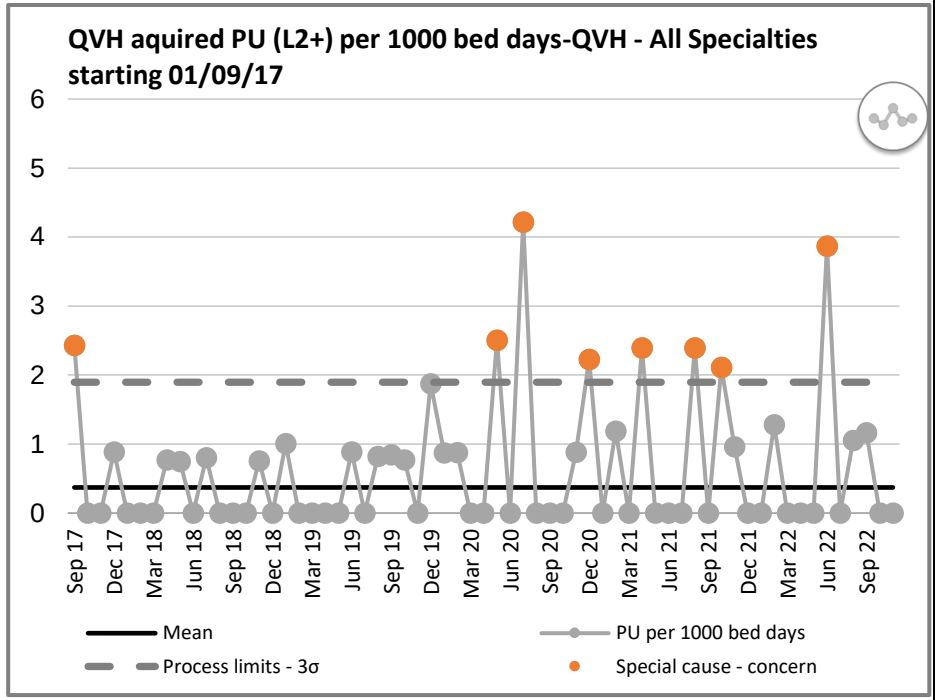




Safe Performance Indicators (4) – Falls & Pressure Ulcers

Whilst there is monthly variability for both measures this is normal and is within the expected variance. Both measures are below their average this month.



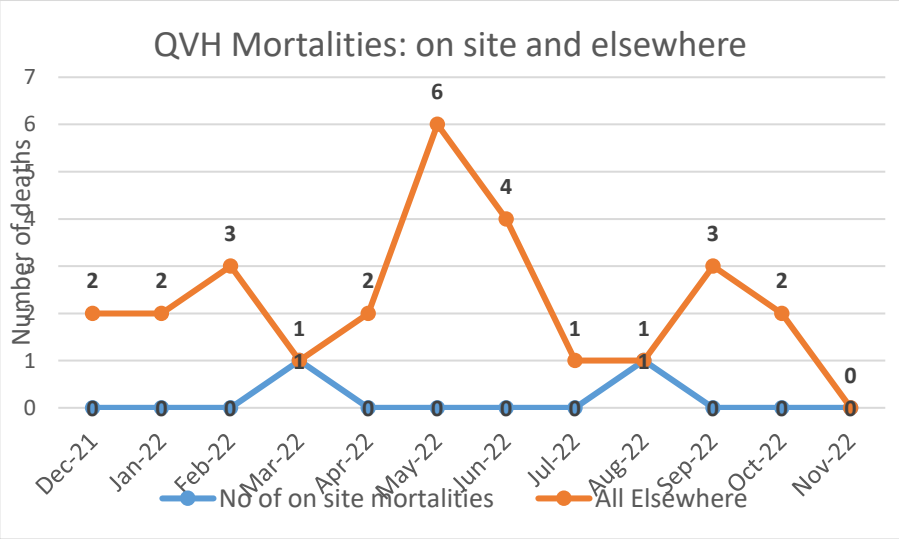


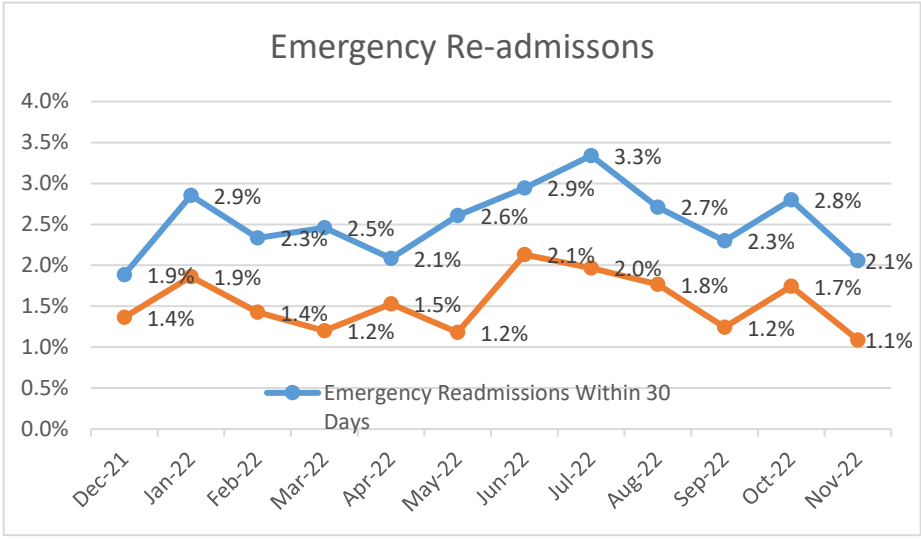
Effective Indicators (1)

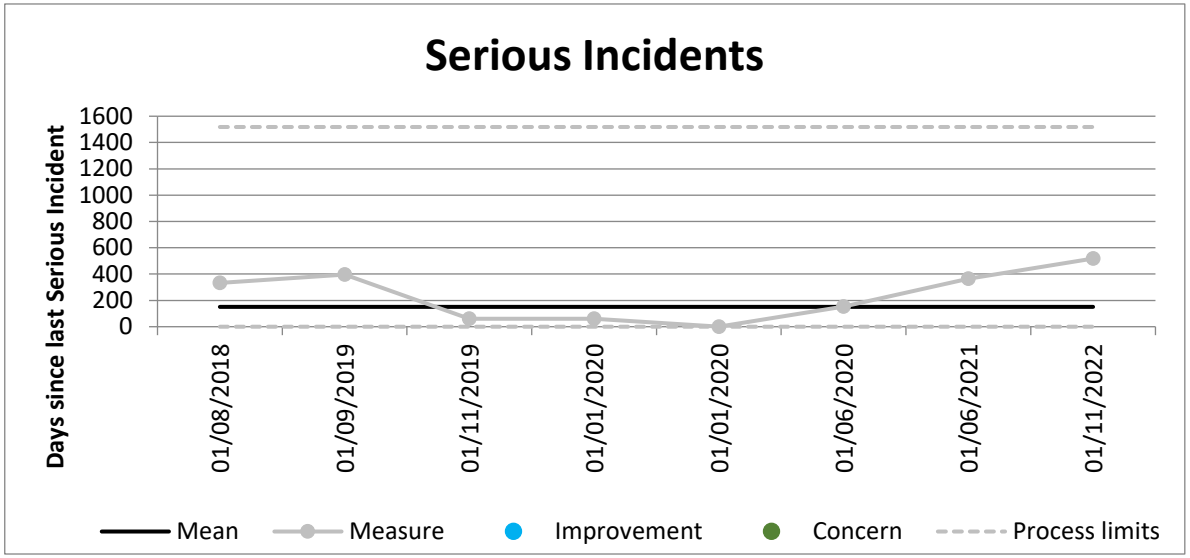
Re-admission levels remain stable (2.3% & 1.4% 3 year average) with no cause for concern. Re-admissions are reviewed and discussed monthly by each specialty (with the exception of Hands).

We would expect a 30 day mortality, every 10 or so days, but have not had a reported mortality since 26th October 2022, this is not exceptional and is within the normal variation limits.

There are currently 10 mortalities awaiting an initial preliminary review, once a cause of death has been established.







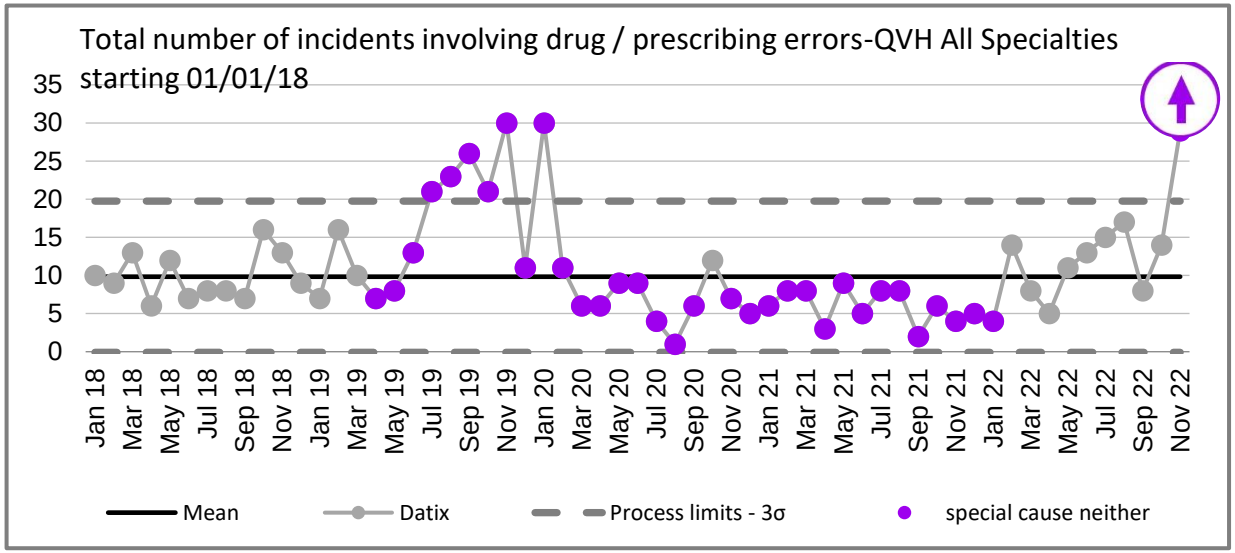
QVH have had 9 serious incidents since September 2017, on average one every 151 days.

The latest serious incident is an incident that took place in June 2021, but up graded to a SI this month, following discussions with specialist commissioners and ICB

Review to be tabled at Q&G in Jan 2023

The reporting of incidents related to drug and prescribing errors has been variable over the last four years and has made it difficult to understand if harms have been caused, which is why it is important to view this in the context of all serious incidents. We are reporting higher levels of recording of incidents this month as more resource has been made available to capture and report this, and this shows exceptional levels of reporting.

Recommendation – discuss patient harm being a more appropriate measure than report. Chief pharmacist to advise.



Nursing Workforce - Performance Indicators, Safe Staffing Data

The head and neck unit was closed from 2nd November, with the patients being co-horted on Margaret Duncombe ward and the staff basing themselves down there due to water ingress. This has been addressed and the unit is now back in their original location.
During October and November, Peanut ward was closed on 15 occasions due to staffing issues, this led to one patient being cared for on RT ward – they were 16 years old. The unit was staffed on 46 occasions with no patients; there were 6 occasions of patients requiring care overnight. Moving forwards into December, PAU has been moved relocated to allow the estates work to be carried out in Canadian Wing, which may reduce our ability to take overnight patients, all current booked inpatients are staffed for.
CCU external admissions remain restricted due to the ongoing staffing long-term sickness challenges. We are currently declaring 3 CCU beds due to works within the unit and staffing levels.
Finance provided an updated establishment for October 2022 which has increased the vacancies in band 5 nursing and also affected some of the other vacancies. The establishment we had before was set in June 22 and was provisional pending managers changes and sign off.

Staffing is reviewed on a daily basis in all areas and where and when possible staff are redeployed to other areas. The data below demonstrates

	KPI	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Establishment WTE,Including Bank & Agency		391.90	391.90	393.92	393.92	393.92	384.33	384.33
Establishment WTE,excluding Bank & Agency		341.10	341.10	343.69	343.69	343.69	351.75	351.75
Staff In Post WTE		327.55	326.16	326.55	328.13	332.49	328.87	**330.62**
Agency,Total worked in month WTE		3.98	3.19	3.17	3.63	3.27	3.19	**2.72**
Bank WTE, Total worked in month WTE		32.95	33.78	37.11	36.54	33.62	37.62	**35.03**
Staff in Post Vacancy WTE		13.55	14.94	17.14	15.56	11.20	22.88	21.13
Vacancies %, Including Bank & Agency Usage	8%	**7.00%**	**7.34%**	**6.88%**	**6.50%**	**6.23%**	**3.81%**	**4.15%**
Staff in Post Vacancies %	8%	**3.97%**	**4.38%**	**4.99%**	**4.53%**	**3.26%**	**6.50%**	**6.01%**
Qualified Nurses (NMC) Vacancies WTE				15.05	12.45	6.93	26.42	**26.97**
Theatre Practitioners (AHP) Vacancies				-1.82	-2.13	-2.39	1.75	**1.75**
Band 2 & 3 HCSW Vacancies WTE, Clinical support to clinical staff				1.87	4.20	7.80	-1.64	**-2.33**
Band 2 & 3 HCSW Vacancies WTE, Non clinical support to clinical staff				4.22	4.22	4.54	3.47	**3.36**
Other Unqualified Nursing/Support to Nursing/Support to Theatre Practitioners (including TNA's Nursing Associates, Students, Associate Practitioners/Nurses, Dental Nurse and Student ODP's)				1.07	0.07	-2.11	-4.32	**-5.92**
Trust rolling Annual Turnover %, Excluding Trainee Doctors	10%	14.30%	12.35%	12.24%	10.52%	10.41%	10.79%	**10.16%**
Starters WTE.In month excluding HEE doctors		3.00	2.00	1.80	3.80	4.27	1.45	**3.60**
Leavers WTE, In month excluding HEE doctors		1.01	1.51	2.52	1.19	1.00	2.60	**1.75**
12 month sickness rate (all sickness)	3%	4.80%	4.87%	5.04%	5.06%	5.09%	5.09%	***5.12%**
Monthly Sickness Absence %, All Sickness		3.75%	4.02%	5.01%	4.93%	4.61%	4.77%	***5.44%**

Nursing Workforce - Performance Indicators

Combined Staffing exc. Site — *Target 95%*

	Planned staff			Actual staff			Oct-22	Planned staff			Actual staff		
	RN	NA	HCA	RN	NA	HCA		RN	NA	HCA	RN	NA	HCA
DAY	4002	230	1967	3899	230	1932	*Total Hrs Planned and Actual*	4060	149.5	1150	4014	149.5	1150
				97.4%	100.0%	98%	*% Planned Hrs Met*				98.9%	100.0%	100.0%
			6199			6061	*Total Hrs Planned & Actual - Combined reg & support*			5359			5313
						97.8%	*% Planned Hrs Met - Combined reg & support*						99.1%

Combined Staffing exc. Site — *Target 95%*

	Planned staff			Actual staff			Nov-22	Planned staff			Actual staff		
	RN	NA	HCA	RN	NA	HCA		RN	NA	HCA	RN	NA	HCA
DAY	4152	103.5	1829	4117	103.5	1817	*Total Hrs Planned and Actual*	4002	184	1133	3973	184	1133
				99.2%	100.0%	99%	*% Planned Hrs Met*				99.3%	100.0%	100.0%
			6084			6038	*Total Hrs Planned & Actual - Combined reg & support*			5319			5290
						99.2%	*% Planned Hrs Met - Combined reg & support*						99.5%

Medical Workforce - Performance Indicators

Metrics	Q3 2021/22	Q4 2021/22			Q1 2022/23			Q2 22/23			Q3 2022/23		12 month rolling
Medical Workforce	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	
Turnover rate in month, excluding trainees	1%	1%	1%	0%	3%	1%	1%	1%	4%	0%	2%	0%	19%
Turnover in month including trainees 9%	1%	1%	9%	1%	5%	1%	0%	1%	16%	3%	3%	0%	41%
Management cases monthly	0	0	0	0	0	0	0	0	0	0	0	1 (informal)	1
Sickness rate monthly on total medical/dental headcount	2%	3%	3%	4%	2%	1%	3%	3%	2%	2%	2%	nc	nc
Appraisal rate monthly (including deanery trainees)	57%	61%	68%	74%	70%	69%	69%	67%	71%	75%	75%	73%	
Mandatory training monthly	82%	82%	80%	84%	84%	85%	87%	87%	87%	87%	87%	86%	85%
Exception Reporting – Education and Training	1	0	0	0	1	0	0	0	5	3	3	0	13
Exception Reporting – Hours	0	1	1	1	3	5	7	6	4	4	2	1	35

Medical & Dental Staffing	At October induction, the final induction of the year, we welcomed new trainees in Plastic Surgery and Orthodontics. The next induction will not take place until February, but we will be welcoming new Radiology trainees in December. The KSS Deanery has offered QVH two additional Plastic Surgery Registrar training posts, as part of the national post re-distribution programme, which will be introduced in 2023.
Education	The October Monday Plastic Surgery teaching was delivered by the Breast team. In November the Plastic Surgery teaching covered lower limb for Registrars and sim training for the Core Trainees. The OMFS team also ran a full day of teaching in November. In 2023 QVH will be hosting a skills day for core surgical trainees and a pan Thames regional teaching day for Plastic Surgery registrars.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**12/01/2023**		**Agenda reference:**	**200-23**	
Report title:	**Nursing Workforce Review Board Report**				
Sponsor:	Nicky Reeves, Chief Nurse				
Author:	Liz Blackburn, Deputy Chief Nurse				
Appendices:	1. National Quality Board requirements and self-assessment				
Executive summary					
Purpose of report:	To inform the board of the outcome of the 6 monthly nurse staffing review				
Summary of key issues	The nursing workforce paper reviews the nurse staffing levels required in order to provide safe, high quality and cost efficient care. Safe provision of care is evidenced in this paper Vacancy rates in individual clinical areas are identified Care hours per patient day have been benchmarked against "Model Hospital" data Potential number of retirees are detailed per clinical area for context				
Recommendation:	The board is requested to **note** the contents of the report				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	**KSO3:**	**KSO4:**	**KSO5:**
	Outstanding patient experience	***World-class clinical services***	***Operational excellence***	***Financial sustainability***	***Organisational excellence***
Implications					
Board assurance framework:	Links to all 5 KSOs				
Corporate risk register:	Workforce risks are on CRR and there are currently two risks identifying insufficient nursing numbers				
Regulation:	Compliance with regulated activities in Health & Social Care Act 2008 and National Quality Board Guidance				
Legal:	As above				
Resources:					
Assurance route					
Previously considered by:	Quality and governance subcommittee				
	Date:	19/12/2022	Decision:	Approved prior to board	
Next steps:	NA				

Report to:	Board Directors
Agenda item:	200-23
Date of meeting:	12 January 2023
Report from:	Nicky Reeves, chief nurse
Report author:	Liz Blackburn, deputy chief nurse
Date of report:	
Appendices:	1. National quality Board requirements and self-assessment

Nursing Workforce Review – September 2022

1. Purpose

The purpose of this paper is to provide the six monthly overview of safe nurse staffing levels including right staff, right skills, right place. These include establishment reviews, workforce planning, new and developing roles and recruitment and retention to comply with requirements set out by: NHS England/ Improvement (NHSE/I), the National Quality Board (NQB) and the Care Quality Commission (CQC). This paper covers staffing in theatres, inpatient and outpatient areas of the organisation and reviews the outcomes of a range of initiatives taken regarding recruitment and retention of the nursing and theatre practitioner workforce.

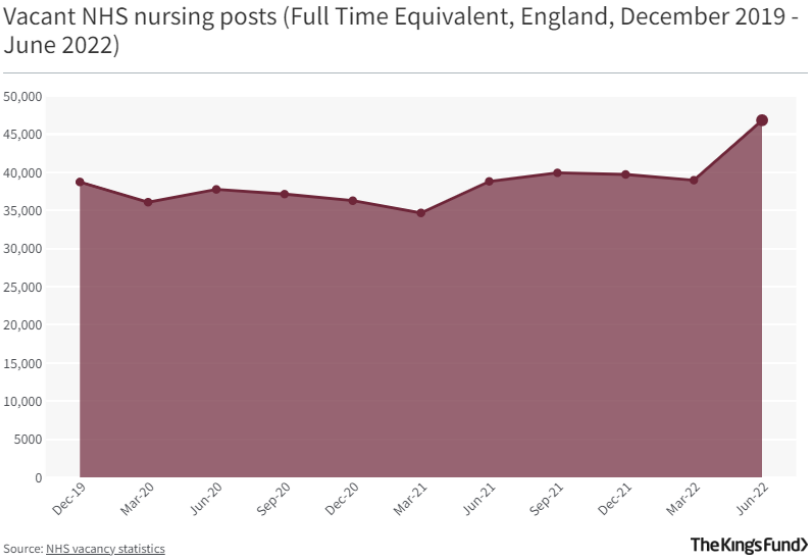
2. Background

All NHS Trusts are required to deploy sufficient, suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively, National Quality Board (NQB) *Safe and sustainable and productive staffing.*

The monthly safe staffing data is reported at Clinical Governance Group (CGG) and provides an overview of nursing safe staffing for inpatient areas and the site team. The data maps actual staffing against planned staffing.

3. National Overview

Nursing workforce shortages were severe prior to the pandemic and this resulted in the government investing in additional training places for nursing, the reintroduction of the maintenance grant and an increase in international recruitment. However, The King's Fund have reported that during the period between June 2021 and June 2022 the NHS saw over 34,000 nurses leaving their role, which is a 25 per cent increase on the previous year. Recent NHS vacancy statistics have shown that there are now 46,000 vacant nursing posts.



The rate of increase in leavers is not just from those at retirement age, but younger nurses. The under 45's made up two thirds of those who left over the past year. The NHS staff survey has shown that 34 per cent of nurses often thought about leaving, 52 per cent had felt unwell as a result work related stress and 40 per cent felt burnt out because of their work (The King's Fund 2022).

There is no 'quick fix' to resolving this workforce crisis as the training and recruitment of nurses is a lengthy process. The Health and Social Care Secretary, Rt Hon Steve Barclay MP, made a statement to the House of Commons in September 2022 outlining a package of measures to help support the NHS.

- Extra £150 million of funding to help trusts deal with ambulance pressures this year
- £30 million contract with St John Ambulance so that they can provide national surge capacity of at least 5,000 hours per month
- Major national recruitment campaign for both 999 and 111 call handlers
- Health Education England has been mandated to train 3,000 paramedic graduates nationally each year
- National Discharge Taskforce is looking across the whole of health and social care to see where we can put in place best practice and improve patient flow to reduce delayed discharges
- Plans to add the equivalent of 7,000 additional beds this winter, through a combination of extra physical beds and the use virtual wards

England's Chief Nurse, Ruth May, announced in October 2022 a nationwide drive to recruit nurses. The 'We are the NHS' campaign will showcase the wealth of NHS nursing roles available and feature real life patients sharing their stories of how nurses from across the health service helped them on their journey to recovery. 94 per cent of nursing graduates are in work within six months of completing their degree, and the opportunity to specialise in a range of disciplines, including mental health, community care and paediatrics.

The Royal College of Nursing announced on the 9th November 2022 that nursing staff have voted to take strike action over pay levels and patient safety concerns.

4. Training and education

Over the past year the Trust have actively invested in 'growing our own staff'. The use of apprenticeships has helped us to develop the specialist skills specific to each area, alongside ensuring that staff feel valued. The following is an outline of the training and education programmes over the past six months. It should be noted that there is an appetite to increase these numbers however, backfill costs and lack of economy of scale mean we are unable to train as many staff as we would like.

Apprenticeships

- Level 6 Operating department practitioner (ODP) apprentices – x 3 started Sept 22
- Level 6 Registered nursing degree (RNDA) apprenticeship top up form Nursing associate to Registered nurse – x 1 started Sept 22
- Level 6 Radiographer apprentice – x 1 started Sept 22
- Level 5 Trainee nursing associate (TNA) – x 1 started Sept 22
- Level 4 Ophthalmology apprenticeship - x 1 started Sept 22
- Level 4 Ophthalmology apprenticeship completed
- Level 3 Senior health care support worker completed

Other routes to employment

QVH have supported the following:

- Employees with overseas registration to register with one NMC nurse and one HCPC physiotherapist.
- Return to practice NMC nurse and one HCPC radiographer
- HEE funding support for trainee sonographer

Professional development

- First Advanced Care Practitioner (ACP) completed masters in Sept 22 and is now leading the EBAC service.
- Nurses and AHP have completed or currently on level 6 and 7 modules for advanced burns management, principles of operating department care, anaesthetic modules, ITU, leadership and oncology
- Staff have attended workshops and conferences specific to their role and specialities e.g. Pre-operative Association national conference, national pain conferences
- Two staff successfully completed a Professional Nurse Advocate (PNA) qualification

QVH internal courses: training is inter-professionally led and delivered to all health care staff

- Preceptorship training programme - 5 staff
- Care certificate training - 6 staff
- Head and Neck Study Days - 8 staff
- Burns management workshop - 12 staff
- Osteotomy training - 15 staff
- Ophthalmic training - 15 staff
- End of life - 15 staff
- Principles of Plastic Surgery - 17 staff
- Various simulation training including difficult airway management, anaphylaxis etc. and deteriorating patient simulations for HCSW

The QVH specialist inter-professional training is being developed for 2023.

Clinical placements

QVH have supported 31 pre-registration adult and children's nurses, nursing associate, radiographer, therapist and paramedic clinical placement across the organisation. QVH is supporting HEE and NHS Sussex clinical placement expansion project, this is predicated to see more students on clinical placement across the organisation.

Healthcare Support workers (HCSW)
QVH have supported 20 HCSW to complete their care certificate.

Other

- Nutrition nurse successfully gained accreditation from BAPEN for the enteral feeding study day. This is the first accredited course delivered at QVH

5. Recruitment and Retention

We have continued to recruit to our nursing workforce throughout this period in order to support the existing staff and meet our increased patient activity both elective and trauma. Those areas currently on the corporate risk register have utilised a 'new starter' premium in order to act as an incentive to apply. In October we ran a very successful 'Career and Recruitment Event' led by the Deputy Chief Nurse with over 90 attendees. There are currently ten applicants going through the recruitment process as a result of this event.

Below is the leaver and starter information for the nursing workforce which demonstrates an increase in the number of staff in post of 10.41 WTE over the reporting period.

1st March 2022 to 30th September 2022 leaver and starter data for information

All Qualified and Unqualified Nursing								
Trust Workforce KPIs	Workforce KPIs 2022/23	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22	Compared to previous month
Establishment WTE (Establishment includes 12% headroom)		391.90	391.90	391.90	393.92	393.92	**393.92**	↔
Establishment WTE excluding Bank & Agency		341.10	341.10	341.10	343.69	343.69	**343.69**	↔
Staff in post WTE		323.07	327.55	326.16	326.55	328.13	**332.49**	↑
Vacancies WTE		18.03	13.55	14.94	17.14	15.56	**11.20**	↓
Vacancies %	< 8%	5.29%	3.97%	4.38%	4.99%	4.53%	**3.26%**	↓
Trust rolling annual turnover	< 10%	14.29%	14.30%	12.35%	12.24%	10.52%	**10.41%**	↓
Starters WTE (Excluding rotational Doctors)		6.76	3.00	2.00	1.80	3.80	**4.27**	↑
Leavers WTE (excluding rotational Doctors)		3.99	1.01	1.51	2.52	1.19	**1.00**	↓
Starters and Leavers balance		2.77	1.99	0.49	-0.72	2.61	**3.27**	↑

Sourced via ESR data

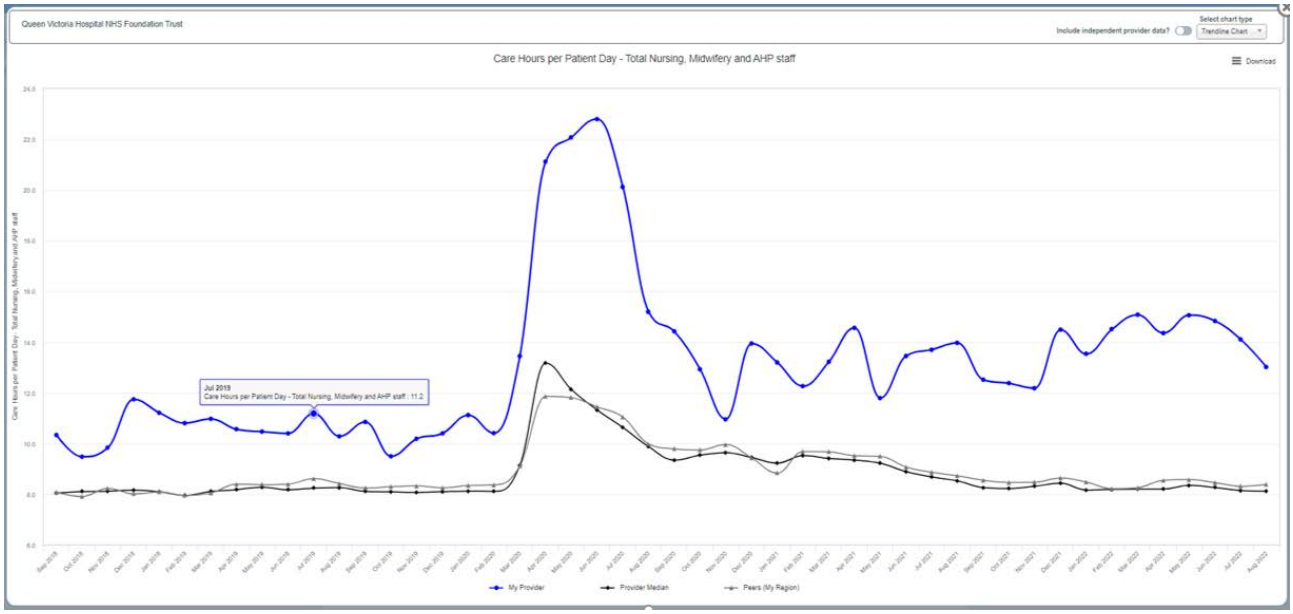
6. Incident Reporting

There were fourteen incidents reported via datix during this period in relation to staffing. The most significant of these incidents is the lack of trained staff available in CCU. There has been high staff absence on CCU with up to 30 per cent of the trained workforce on long term absence. This has been managed as per the Trust absence policy, staffing is reviewed on a daily basis by the Heads of Nursing and the nurse in charge of CCU and utilisation of staff throughout the trust has been applied.

Peanut staffing levels have improved with twilight shifts being covered on a more regular basis.

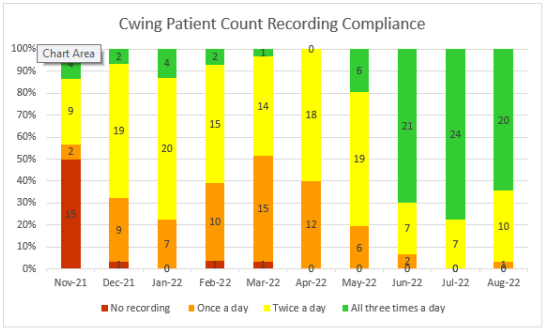
7. Care Hours per Patient Day (CHPPD), Safe Care and safe staffing metrics

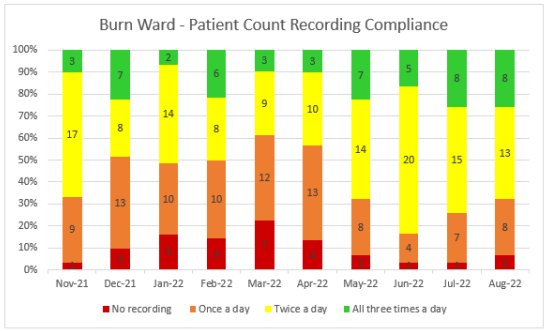
This is benchmarked nationally through the NHSE/I 'Model Hospital' against other Trusts who are rated 'Good' by the CQC. As the graph below shows, the Trust data is above the national median, and this continues to reflect the nature of our specialist services. The Burns and Head and Neck Unit take higher acuity patients and requires a nurse to patient ratio higher than an average ward.

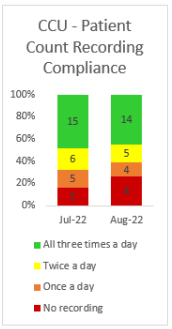


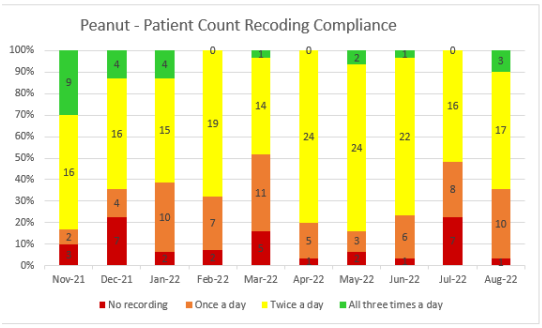
Model Hospital Data

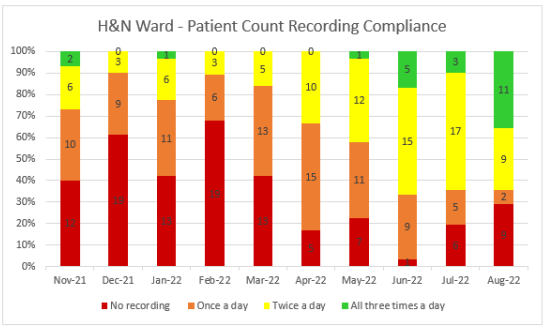
The roll out of Allocate Safe Care is progressing. Safe Care integrates fully with Healthroster and offers the ability to monitor actual patient demand at key points during the day and accurately align staffing to match. The objective data identifying actual staffing requirement also helps and allows for informed decision making as to when temporary staff are required. Safe Care also has a positive impact on improving accuracy of rosters through contemporaneous updating of changes which further informs decision making and visibility and is now utilised in our daily bed meetings. The use of Safe Care has also contributed towards us becoming paper light and therefore supporting the Trust 'Green Plan'. The charts below show the compliance for each ward in recording patient acuity. There has been a general improvement in compliance over the last three months with further improvements to continue in to 2023.











Safe Care data

8. Establishment reviews and budget setting

We continue to review our budgets and establishments on a monthly basis. A 20% vacancy factor was added to the 22/23 budget.

Ward, Outpatient, MIU and Peri-op areas as at 31st March 2022 (exc non clinical support roles)

The table below is a summary of staffing establishments including registered and non-registered workforce, excluding non-clinical, admin and clerical posts. The percentages of vacancy have been RAG rated as follows:

Department	Total Recruitable (Substantive WTE inc 12% uplift)	WTE Staff in post 30th Sept 2021	WTE Staff in post 30th Sept 2022	Change in staff in post	Number of vacant posts 30th Sept 2022	% Vacant posts 30th Sept 2022
Burns Ward	25.59	16.95	18.91	↑1.96	6.68	26%
Canadian Wing	45.00	38.26	37.39	↓0.87	7.61	17%
Corneo OPD	18.17	17.13	15.07	↓2.06	3.10	17%
Critical Care	24.47	18.68	17.65	↓1.03	6.81	28%
Head & Neck	13.94	6.75	10.21	↑3.46	3.37	24%
MaxFax OPD	22.50	19.29	18.69	↓0.60	3.81	17%
MIU	7.85	5.27	6.87	↑1.60	0.98	12%
Peanut Ward	19.82	15.23	14.93	↓0.30	4.89	25%
Plastics OPD	15.66	13.28	10.93	↓2.35	4.73	30%
Peri-op (inc pre assessment)	148.87	124.61	134.11	↑9.50	14.76	10%
Site Practitioners	10.72	10.43	9.63	↓0.80	1.09	10%

These numbers exclude non clinical support roles for the purposes of comparison.
Key:

% Vacancy	RAG
Less than 12%	Green
12.1% to 18%	Amber
Above 18.1%	Red

The following narrative gives additional information regarding recruitment and retention in the specific clinical areas. All vacant posts are being advertised and actively recruited to, each Matron is working clinically to support the workforce and provide safe patient care:

- **Burns Ward** – New Advanced Care Practitioner role in EBAC.
- **Canadian Wing** – Second Matron started in June 2022.
- **Corneo Outpatients Department** – Development of band 3 HCA's to Band 4 corneo practitioners.
- **Critical Care** – High vacancy and sickness absence in this area. The Professional Nurse Advocate (PNA) programme was launched in March 2021 and delivers training to equip registered nurses to listen and understand challenges fellow colleagues and teams are facing through a model of restorative supervision for colleagues. Two nurses have completed their PNA training and are rolling this out in CCU.
- **Head and Neck Ward** – Good staff retention and use of Band 4 Nursing associates.
- **Max Fax Outpatients Department** - Max Fax have some vacancies, review of Band 4 dental nurse job description in process.
- **Peanut Ward** – Improved staffing on the twilight shift, prioritisation of elective inpatient activity.
- **Plastics Outpatients Department** – Staff member undertaking return to practice course and will return to the department in January 2023 as a qualified registered nurse. Successful recruitment of HCAs for career development opportunities at band 3.
- **Peri-op** – Workforce stabilising.
- **Minor Injuries Unit** – Stable workforce.
- **Site Practitioners** – New site member to start in late November.

9. Temporary Staff usage

The use of agency has been stable over the past six months. Agency usage is continuously monitored and justified on a daily basis. The Trust values its bank staff and as a result have paid an enhanced rate over this monitoring period. An increase in the uptake of bank shifts has been noted particularly in our inpatient areas which has seen a corresponding decrease in agency usage.

	KPI	Sep-21	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Agency Total worked in month WTE		5.96	5.11	3.98	3.19	3.17	3.63	**3.27**
Bank WTE Total worked in month WTE		34.36	32.61	32.95	33.78	37.11	36.54	**33.62**

Sourced via ESR data

There are four points throughout the day where staffing and safety is reviewed, at 08.00, 10.00, 15.00 and 20.00 via the site handover and bed meetings chaired by the Site Practitioner team with multidisciplinary input.

The Heads of Nursing attend the 08.00 handover and the 15.00 bed meeting giving further assurance that safe staffing, appropriate deployment of staff and planned staffing for the next 24 hours is achieved. Monthly review of actual staffing against planned is carried out and triangulated against incidents raised via DATIX and safer nursing metrics and complaints data.

10. Retirements

The table below indicates the numbers qualified Nurses/theatres practitioners who could retire in the next 5 years. Included is anyone aged 50 and over for any NMC registered staff and anyone 55 and over for any HCPC registered staff. This is currently 98 staff and is the equivalent of 71.38 WTE.

	Department											
	Burns	CCU	Corneo	C-Wing	H&N	MaxFax	MIU	OPD	Peanut	Site	Specialist	Theatres (inc pre-assess)
Band 5	1	0	2	2	0	0	0	3	5	0	1	16
Band 6	4	2	1	1	1	0	0	2	3	0	2	18
Band 7	0	0	2	0	1	1	5	1	1	6	8	1
Band 8a	0	0	0	0	0	0	0	0	0	0	2	1
Band 8b	0	0	0	0	0	0	0	0	0	0	0	1
Band 9	0	0	0	0	0	0	0	0	0	0	1	0
Totals	**5**	**2**	**5**	**3**	**2**	**2**	**5**	**6**	**9**	**6**	**14**	**37**
WTE	4.2	1.61	3.79	2.6	1.92	0.68	3.57	4.11	6.58	4.38	10.56	27.38

Sourced via ESR data

Each area monitors on a yearly basis their staff who are currently on any flexible and agile working contracts. HR provide up to date data on who is eligible for retirement and each area lead ensures that there is timely recruitment in these roles. This workforce is significant and we value those staff who have retired and returned to work within all of the areas.

11. Maternity Leave and Sickness

6.76 WTE registered nurses are currently on maternity leave, data taken on 30th September 2022.

The data below demonstrate the sickness rates in the registered and unregistered nursing workforce.

Registered								
Trust Workforce KPIs	Workforce KPIs (RAG Rating)	Sept 21	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22
12 month sickness rate (all sickness)	3%	3.84%	4.84%	4.80%	4.87%	5.04%	5.06%	**5.09%**
Monthly Sickness Absence % (all sickness)		3.98%	5.05%	3.75%	4.02%	5.01%	4.93%	**4.65%**

Sourced via ESR data

12. Assurance

The last 12 months have seen an increase in the sickness rate. All sickness absence is managed as per Trust policy. The health and wellbeing of all our staff remains a key priority. The Trust continues to support staff mental and physical health through appropriate referrals, communications and well-being initiatives.

Bank and agency usage has remained stable.

The Executive team meet weekly via MS Teams to approve all vacancies prior to recruitment for both establishment control purposes and oversight of nursing workforce challenges.

No moderate or above patient safety incidents as a result of inadequate staffing have been identified from this triangulation.

During this process the Deputy Chief Nurse has benchmarked against the NQB recommendations (appendix 1) and is assured that QVH is meeting these recommendations.

Next steps
Development of nursing and allied healthcare professional five year workforce strategy in line with the national strategy. Further recruitment to Burns ward Matron post, and other vacant posts. Recruitment of Clinical nursing information officer to support the electronic patient record strategic agenda.

13. Recommendations
The Board is asked to:

- note the flexibility of staff during high rates of sickness absence
- note that we meet the benchmarks recommend by RCN, ICS, NICE and AfPP
- note the staffing levels and skill mix are effectively reviewed
- note the vacancy rates and actions to recruit
- note that safe, high quality care is being delivered due to staff pride in their work and flexibility
- note the continued use of Safe Care Live

Liz Blackburn Deputy Chief Nurse Sept 2022

References
https://www.rcn.org.uk/news-and-events/Press-Releases/nursing-staff-vote-to-strike-in-the-majority-of-nhs-employers-across-the-uk
Department of Health and Social Care: 50,000 nurses programme, delivery update (2022)
National Quality Board Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time (2016)
https://www.kingsfund.org.uk/blog/2022/10/nhs-nursing-workforce#:~:text=The%20last%20year's%20data%20(June,under%2045%20years%20of%20age

Recommendation
The Board is asked to **note** the contents of the report.

Appendix 1

National Quality Board requirements and self-assessment

Recommendation	Current Position March 2022
Boards take full responsibility for the quality of care to patients and as a key determinant of quality take full and collective responsibility for nursing care and care staffing capacity and capability	The Board has a process in place for setting and monitoring nursing levels, with the Quality and Governance Committee receiving detailed ward/ department report for all areas where we treat patients. This information is triangulated with risk team and DATIX each month to look for early warning triggers and emerging themes .The Board receives six monthly nursing workforce reports and an update on staffing levels and quality at every public board.
Processes are in place to enable staffing establishments to be met on a shift to shift basis	Nursing acuity and capacity is reviewed four times per day in the ward areas. This information is presented at the twice daily bed meeting where senior clinical and operational staff manages the patient flow for electives and trauma. Nursing and care staff can be reallocated at the start or during a shift and local escalation process is embedded. Heads of Nursing are visible in the clinical areas. Daily oversight of planned versus actual staffing levels by Director or deputy Director of Nursing.
Evidence based tools are used to inform nursing and care staffing capability and capacity	All ward areas use safer nursing care tool- acuity and dependency tool. Application of specialty specific national guidance to support establishments and professional judgement. NEWS2 safety assessment tool transferred to electronic e-Obs version in September 2020 and provides another layer of assurance about workforce deployment.
Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns	Datix reporting system is established and used. 'Tell Nicky' – confidential email to Chief Nurse. Trust policies e.g. Whistleblowing. Compliance in practice ward visits, weekly Matrons meetings. Freedom to Speak up Guardian in post with six monthly updates to Board.
Multi-professional approach is taken when setting nursing and care staffing establishments	Six monthly workforce review undertaken by the Deputy Chief Nurse in conjunction with the executive management team (EMT). Changes to establishments have been made only after consultation with EMT and trust staff.
Nurses and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties	There is 22% uplift within the ward establishments to cover sickness, mandatory and statutory training and leave. Ward matrons are accountable for their budgets and have monthly meeting with the HoN and finance.

	All ward matrons have supervisory time to undertake management duties.
At each public board an update on workforce information, staffing capacity and capability is discussed six monthly with a nursing establishment review	The Chief Nurse provides updates on workforce in the quality report at every public board and there is a 6 monthly review of nursing workforce.
Information is clearly displayed about nurses and care staff on duty in each ward on each shift.	All ward areas have status boards in public areas stating expected number and actual number of nurses and care staff on duty. When there are variations on this, the ward matron will review and escalate via agreed processes to ensure safe staffing maintained. The Chief Nurse will review this escalation and triangulate with safer care metrics and complaints data to ensure staffing levels allow provision of quality care
Providers take an active role in securing staff in line with workforce requirements	Recruitment days for general and theatre staff have taken place in the last 12 months. Staff are supported to undertake specialist modules for development and enhanced care. Director of HR reviewing recruitment processes. Part of the theatre productivity work has a workforce subgroup. Different recruitments campaigns have been instigated in the last 4 months. This has results in increased interest in post however the trust is experiencing difficulty in recruiting to some posts mainly in Theatres and ITU (significant national shortages in these areas).
Commissioners actively seek assurance that the right people with the right skills are in the right place at the right time with the providers with who they contract.	Chief Nurse meets on a regular basis with the ICB Chief Nurse and Quality leads. Staffing levels discussed at these meeting. The commissioners are aware of the nurse staffing levels and the actions the trust is taking to optimise recruitment and retention.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	12/01/2023		**Agenda reference:**	**201-23**	
Report title:	**GMC national training survey 2022**				
Sponsor:	Tania Cubison, medical director				
Author:	Helen Moore, medical education manager				
Appendices:	Appendix one: detailed responses for all pink and red flags				
Executive summary					
Purpose of report:	To provide the Board with the results of the GMC national training survey 2022				
Summary of key issues	The 2022 results overall show positive outcomes across all specialties, with 20 green flags and three light green flags. There has been a particular improvement in Higher Plastic Surgery, and continued strong results in Core Surgery as well.				
Recommendation:	The Board is asked to **note** the contents of the report.				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	KSO1: ***Outstanding patient experience***	KSO2: ***World-class clinical services***	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: ***Organisational excellence***
Implications					
Board assurance framework:	Training of staff is essential for the provision of high quality patient experience now and the sustainability world class clinical services for the future of QVH and the wider NHS				
Corporate risk register:	None				
Regulation:	HEE requirements for training				
Legal:	None				
Resources:	HEE requirements for training and provision of funding this brings to the organisation.				
Assurance route					
Previously considered by:	Local Academic Board				
	Date:	27/7/22	Decision:	Noted	
Next steps:	NA				

Report to: Board Directors
Agenda item: 201-23
Date of meeting: 12 January 2023
Report from: Tania Cubison, medical director
Report author: Helen Moore, medical education manager
Date of report: 25 July 2022
Appendices: Detailed question answers for all red and pink flags

GMC NATIONAL TRAINING SURVEY 2022
QVH ANALYSIS

Introduction

The GMC survey was published in July 2022 and has been presented at the Local Academic Board on 27 July 2022. It is completed by senior trainees in Anaesthetics, Plastic surgery and Maxillofacial Surgery as well as the more junior Core Surgical Trainees (CST). The results from the radiology trainees were not analysed due to the small number.

Executive summary

Programme Group	Overall Satisfac	Clinical Supervi	Clinical Supervi	Reportin	Work Load	Teamwo	Handov	Supporti	Inductio	Adequat	Educati onal	Educati onal	Feedbac k	Local Teachin	Regiona l	Study Leave	Rota Design	Facilitie
Anaesthetics	98.33	100.00	97.92	85.00	77.08	91.67	81.25	94.44	91.11	94.44	93.52	95.14	77.98	96.48	65.74	77.78	84.72	90.63
CST	88.75	96.25	96.88	72.50	62.50	87.50	75.00	85.00	80.00	84.38	81.25	85.94	80.21	69.17	52.09	76.56	64.06	77.50
OMFS	88.75	98.75	95.83	82.50	56.25	77.08	93.23	80.00	83.75	84.38	81.25	93.75	83.33	77.50	77.09	70.14	60.94	88.33
Plastic surgery	83.33	93.33	93.75	79.17	52.78	83.33	73.27	71.67	75.83	83.33	77.78	86.46	68.33	84.45	58.33	72.92	61.46	81.67

The 2022 results overall show positive outcomes across all specialties, with 20 green flags and three light green flags. There has been a particular improvement in Higher Plastic Surgery, and continued strong results in Core Surgery as well, which is testament to the efforts made by the Plastic Surgery team.

An action plan will be developed to address the two pink flags in Higher Plastic Surgery, but it is fantastic to have a set of survey results with no red flags in any specialty.

The aim now will be to ensure that these results continue into next year's survey.

As ever, it is important to remember that the results are based on small numbers of HEE appointed trainees. The significance of the results is therefore not always easy to interpret, with the responses of one trainee potentially accounting for large swings. This does not detract from the importance given to the results.

NB: in 2022 insufficient trainees responded to the survey from radiology and therefore their responses were not counted for QVH's survey results.

Red	Strong negative outlier	**Pink**	Negative in comparison to the average but not quite a negative outlier.
Green	Strong positive outlier	**Light Green**	Positive in comparison to the average but not quite a positive outlier.
White	Within the range of the average	**Grey**	Less than three trainees
Yellow	No trainees responded to questions relating to this indicator		

Detailed analysis
Areas of concern and also areas with improved and positive outcomes have been identified in this section for further examination. The trend analysis provides a comparison of mean scores across all 19 areas of the survey, compared against the previous years.

The detailed question answers are referred to throughout this section for any pink and red flags; further information on these questions are available in the Appendix at the end of this document. The OMFS comparison is against 2019 as there were no results for OMFS in 2021 due to too few trainees completing the survey.

1 Overall satisfaction
×OMFS showed a decrease on previous years.
✓There were no red or pink flags for this indicator, Anaesthetics received a green flag with a score of 98.33, and CST also received a green flag for the third year in a row.

2 Clinical supervision
✓Anaesthetics scored 100 for this area, CST received a green flag, and Higher Plastic Surgery scored 93.3 and improved from last year's pink flag to be within the average range.

3 Clinical supervision out of hours
×OMFS showed a decrease on previous years.
✓Anaesthetics received an improved score on 2021, CST received a green flag, and Higher Plastic Surgery scored 93.75 and improved from last year's pink flag to be within the average range.

4 Reporting systems
×CST showed a decreased score compared to 2019 (there was no score for this indicator for CST in 2021).

✓ Anaesthetics and Higher Plastic Surgery received an improved score on 2021, while OMFS received a light green flag,

5 Work load
✓Anaesthetics received a green flag for the fifth year in a row, and an improved score on 2021, CST also received a green flag and an improved score from 2021, OMFS showed an improved score from 2019, and Higher Plastic Surgery showed an improved score from 2021.

6 Teamwork
×OMFS showed a drop on the score from 2019.
✓Anaesthetics and CST both received a green flag for this indicator, and Higher Plastic Surgery received a light green flag.

7 Handover
✓The scores for Anaesthetics and Higher Plastic Surgery showed an improvement for this indicator from 2021, and for CST and OMFS from 2019, with OMFS receiving a green flag.

8 Supportive environment
×OMFS showed a decrease on the 2019 score.
✓Anaesthetics and CST both showed an improved score on 2021 and received a green flag. Higher Plastic Surgery also received an improved score from 2021.

9 Induction
× Anaesthetics and CST both had slight decreases in score on the previous year.
✓OMFS and Higher Plastic Surgery both improved on their previous score.

10 Adequate experience
×CST and OMFS both showed reductions in score from the previous year.
✓ Higher Plastic Surgery and Anaesthetics both improved on the previous year.

11 Educational governance
✓Anaesthetics and CST both received improved scores and green flags, OMFS and Higher Plastic Surgery also received improved scores.

12 Educational supervision
✓All four specialties received improved scores on the previous year.

13 Feedback
×Higher Plastic Surgery received a pink flag, continuing an unfortunate trend in this area. The detailed answers indicate that one respondent (of seven) felt that they only receive informal feedback from senior colleagues on a monthly basis, three people hadn't received formal feedback from their Educational Supervisor (one had, but it wasn't useful), and two people had not had a formal assessment of their performance in this post (again, one had but it wasn't useful). OMFS also showed a reduction in the previous score.
✓Anaesthetics and CST showed an improvement on 2021's score.

14 Local teaching
×OMFS scored lower than in 2019.
✓Anaesthetics and Higher Plastic Surgery showed an improvement on last year's score and both received a green flag. CST also showed an improved score from last year.

15 Regional teaching

× Higher Plastic Surgery received a pink flag, an improvement on last year's red flag. The detailed answers indicate that three out of seven respondents felt that specialty-specific teaching was not provided on a deanery or HEE local office/regional/school wide basis, but six out of seven people said that they have enough protected time to attend all the regional/deanery/HEE local office led teaching they need to in this post (one said that there was no training taking place), so that is excellent for the department who have done a good job of releasing trainees to attend teaching. OMFS also showed a reduction in the previous score.

✓Anaesthetics and CST received an improved score from 2020.

16 Study leave

×Anaesthetics and OMFS scored lower than in previous years.

✓CST and Higher Plastic Surgery both showed an improvement on 2020's score, with CST receiving a light green flag.

17 Rota design

×CST and OMFS scored lower than last year.

✓Anaesthetics received a green flag, and Higher Plastic Surgery received an improved score and came out within the average, which is a great achievement after three years of red flags for this indicator.

18 Facilities

✓All four specialties received a green flag for this indicator.

Trend analysis

Red	Strong negative outlier	**Pink**	Negative in comparison to the average but not quite a negative outlier.
Green	Strong positive outlier	**Light Green**	Positive in comparison to the average but not quite a positive outlier.
White	Within the range of the average	**Grey**	Less than three trainees
Yellow	No trainees responded to questions relating to this indicator		

Programme Group	Indicator	2018	2019	2021	2022	Trend
Anaesthetics	Induction	79.29	92.50	94.00	91.11	
Anaesthetics	Clinical Supervision	98.57	97.50	97.00	100.00	
Anaesthetics	Clinical Supervision out of hours	93.75	93.75	96.88	97.92	
Anaesthetics	Reporting systems	72.86	80.83	70.00	85.00	
Anaesthetics	Handover	70.54	76.04	75.63	81.25	
Anaesthetics	Adequate Experience	91.79	96.25	86.25	94.44	
Anaesthetics	Educational Supervision	86.61	96.88	88.13	95.14	
Anaesthetics	Regional Teaching	71.90	68.61	58.75	65.74	
Anaesthetics	Study Leave	61.61	78.13	89.35	77.78	
Anaesthetics	Educational Governance	76.19	81.95	87.50	93.52	
Anaesthetics	Curriculum Coverage	85.71	88.89	84.17		
Anaesthetics	Feedback	75.00		65.00	77.98	
Anaesthetics	Teamwork	77.38	84.72	82.41	91.67	
Anaesthetics	Overall Satisfaction	93.14	95.83	90.50	98.33	
Anaesthetics	Supportive environment	75.71	82.50	86.00	94.44	
Anaesthetics	Local Teaching	81.43	81.94	90.67	96.48	
Anaesthetics	Rota Design	73.21	82.29	85.21	84.72	
Anaesthetics	Work Load	67.86	65.63	69.38	77.08	
Anaesthetics	Facilities			78.57	90.63	

Programme Group	Indicator	2018	2019	2021	2022	Trend
CST	Local Teaching	47.67	73.33	52.78	69.17	
CST	Induction	57.00	72.00	83.33	80.00	
CST	Educational Supervision	77.50	83.75	79.17	85.94	
CST	Feedback	38.54	68.06	79.17	80.21	
CST	Regional Teaching	38.83	64.00	50.00	52.09	
CST	Handover	47.50	70.42		75.00	
CST	Curriculum Coverage	61.67	83.33	88.89		
CST	Supportive environment	59.00	84.00	81.67	85.00	
CST	Overall Satisfaction	60.80	92.40	91.67	88.75	
CST	Study Leave	39.06	70.83	56.25	76.56	
CST	Rota Design	47.50	80.00	68.75	64.06	
CST	Clinical Supervision	87.00	98.00	93.33	96.25	
CST	Clinical Supervision out of hours	87.50	95.00	91.67	96.88	
CST	Adequate Experience	66.00	88.50	91.67	84.38	
CST	Educational Governance	71.67	83.33	75.00	81.25	
CST	Reporting systems	66.67	84.06		72.50	
CST	Teamwork	65.63	81.67	86.11	87.50	
CST	Work Load	71.25	62.50	37.50	62.50	
CST	Facilities			65.00	77.50	

Programme Group	Indicator	2018	2019	2021	2022	Trend (against 2019)
Oral and maxillo-facial surgery	Clinical Supervision	93.33	98.75		98.75	
Oral and maxillo-facial surgery	Study Leave	45.83	85.42		70.14	
Oral and maxillo-facial surgery	Overall Satisfaction	85.67	92.75		88.75	
Oral and maxillo-facial surgery	Clinical Supervision out of hours	95.83	98.44		95.83	
Oral and maxillo-facial surgery	Work Load	41.67	50.00		56.25	
Oral and maxillo-facial surgery	Induction	81.67	82.50		83.75	
Oral and maxillo-facial surgery	Adequate Experience	85.00	88.75		84.38	
Oral and maxillo-facial surgery	Educational Governance	88.89	79.17		81.25	
Oral and maxillo-facial surgery	Educational Supervision	93.75	85.94		93.75	
Oral and maxillo-facial surgery	Rota Design	72.92	65.63		60.94	
Oral and maxillo-facial surgery	Reporting systems	80.00	82.50		82.50	
Oral and maxillo-facial surgery	Supportive environment	80.00	87.50		80.00	

Oral and maxillo-facial surgery	Local Teaching	86.11	82.08		77.50	
Oral and maxillo-facial surgery	Feedback	94.45	93.75		83.33	
Oral and maxillo-facial surgery	Regional Teaching	94.45	81.67		77.09	
Oral and maxillo-facial surgery	Curriculum Coverage	88.89	91.67			
Oral and maxillo-facial surgery	Teamwork	91.67	93.75		77.08	
Oral and maxillo-facial surgery	Handover	89.58	84.38		93.23	
Oral and maxillo-facial surgery	Facilities				88.33	

Programme Group	Indicator	2018	2019	2021	2022	Trend
Plastic surgery	Rota Design	45.00	51.56	41.07	61.46	
Plastic surgery	Regional Teaching	81.00	83.54	23.81	58.33	
Plastic surgery	Induction	80.00	79.38	47.86	75.83	
Plastic surgery	Study Leave	57.92	54.43	35.71	72.92	
Plastic surgery	Feedback	78.13	73.96	68.75	68.33	
Plastic surgery	Clinical Supervision	91.50	92.50	91.43	93.33	
Plastic surgery	Clinical Supervision out of hours	92.50	92.97	90.63	93.75	
Plastic surgery	Educational Governance	75.00	79.17	64.29	77.78	
Plastic surgery	Educational Supervision	85.00	90.63	77.68	86.46	
Plastic surgery	Overall Satisfaction	84.60	86.88	77.14	83.33	
Plastic surgery	Reporting systems	75.56	82.14	74.17	79.17	
Plastic surgery	Work Load	50.63	46.09	45.54	52.78	
Plastic surgery	Handover	68.33	70.31	71.88	73.27	
Plastic surgery	Supportive environment	79.00	85.00	66.43	71.67	
Plastic surgery	Adequate Experience	84.00	84.69	75.00	83.33	
Plastic surgery	Local Teaching	70.33	65.42	61.43	84.45	
Plastic surgery	Curriculum Coverage	80.00	83.33	77.38		
Plastic surgery	Teamwork	84.17	85.42	77.38	83.33	
Plastic surgery	Facilities			58.33	81.67	

Assessment

Overall an excellent result for the organisation. Still some work to do in Plastic Surgery – see action plan below.

Over the last 6 months the Plastic Surgery team have focused on new the multi-consultant review (MCR) process that has been introduced on the trainee platform to formalise the feedback process. This is being used more constructively and should improve this aspect on the next year's survey.

Action plan in July 22
Plastic Surgery

- **Feedback:** Ensure that MCRs continue to be embedded in the QVH culture, remind consultants to signpost to trainees when they are giving informal feedback, look at increasing frequency of meetings between trainees and their ESs.
- **Regional Teaching:** continue to ensure that trainees are released to attend regional teaching.

Recommendation
The Board is asked to **note** the contents of the report.

Question category	Question master code	Question text	Programme group - trust / board	Answer	Question N Range	%	
Regional Teaching	GENHQ16	In this post, is specialty-specific teaching provided on a deanery or HEE local office/regional/school wide basis?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Yes - all of it	6 to 10	43%	3
Regional Teaching	GENHQ16	In this post, is specialty-specific teaching provided on a deanery or HEE local office/regional/school wide basis?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Yes - most of it	6 to 10	14%	1
Regional Teaching	GENHQ16	In this post, is specialty-specific teaching provided on a deanery or HEE local office/regional/school wide basis?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	No	6 to 10	29%	2
Regional Teaching	GENHQ16	In this post, is specialty-specific teaching provided on a deanery or HEE local office/regional/school wide basis?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Not applicable - none have taken place yet	6 to 10	14%	1
Regional Teaching	GENHQ174	To what extent do you agree or disagree with the following statement? I have enough protected time to attend all the regional/deanery/HEE local office led teaching I need to in this post.	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Strongly agree	6 to 10	71%	5
Regional Teaching	GENHQ174	To what extent do you agree or disagree with the following statement? I have enough protected time to attend all the regional/deanery/HEE local office led teaching I need to in this post.	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Neither agree nor disagree	6 to 10	14%	1
Regional Teaching	GENHQ174	To what extent do you agree or disagree with the following statement? I have enough protected time to attend all the regional/deanery/HEE local office led teaching I need to in this post.	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Not applicable (no regional/deanery/HEE local office led learning)	6 to 10	14%	1
Regional Teaching	GENHQ19	How would you rate the quality of this deanery or HEE local office/regional/school specialty-specific teaching for this post?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Very good	3 to 5	75%	3
Regional Teaching	GENHQ19	How would you rate the quality of this deanery or HEE local office/regional/school specialty-specific teaching for this post?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Good	3 to 5	25%	1

Question category	Question master code	Question text	Programme group - trust / board	Answer	Question N Range	%	
Feedback	GENHQ178	In this post, how often (if at all) do you receive informal feedback from senior colleagues about your performance?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Daily	6 to 10	43%	3
Feedback	GENHQ178	In this post, how often (if at all) do you receive informal feedback from senior colleagues about your performance?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Weekly	6 to 10	43%	3
Feedback	GENHQ178	In this post, how often (if at all) do you receive informal feedback from senior colleagues about your performance?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Monthly	6 to 10	14%	1
Feedback	GENHQ179	Have you received feedback in a formal meeting with your educational supervisor about your progress in this post?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Yes, and it was useful	6 to 10	43%	3
Feedback	GENHQ179	Have you received feedback in a formal meeting with your educational supervisor about your progress in this post?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Yes, but it wasn't useful	6 to 10	14%	1
Feedback	GENHQ179	Have you received feedback in a formal meeting with your educational supervisor about your progress in this post?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	No, but this will happen	6 to 10	14%	1
Feedback	GENHQ179	Have you received feedback in a formal meeting with your educational supervisor about your progress in this post?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	No, but I would like to	6 to 10	29%	2
Feedback	GENHQ180	Have you had a formal assessment of your performance in this post?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Yes, and it was useful	6 to 10	57%	4
Feedback	GENHQ180	Have you had a formal assessment of your performance in this post?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	Yes, but it wasn't useful	6 to 10	14%	1
Feedback	GENHQ180	Have you had a formal assessment of your performance in this post?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	No, but this will happen	6 to 10	14%	1
Feedback	GENHQ180	Have you had a formal assessment of your performance in this post?	Plastic surgery - Queen Victoria Hospital NHS Foundation Trust	No, but I would like to	6 to 10	14%	1

Report cover-page					
References					
Meeting title:	Board of directors				
Meeting date:	12/01/2023		**Agenda reference:**	**202-23**	
Report title:	Quality and governance committee assurance				
Sponsor:	Karen Norman, Committee Chair				
Author:	Karen Norman, Committee Chair Leonora May, Deputy company secretary				
Appendices:	None				
Executive summary					
Purpose of report:	The purpose of the report is to provide assurance on matters considered and discussed by the quality and governance committee at its meeting on 19 December 2022.				
Summary of key issues	• One serious incident in June 2021 • Numbers of patients awaiting clinical harm review reduced • Transferrable learning from three recent national investigations • A new patient safety risk- 1290 maintaining patient and staff safety in a post Covid-19 healthcare setting				
Recommendation:	The Board is asked to **note** the contents of the report, the assurance where given and risks identified.				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	KSO3:	KSO4:	KSO5:
	Outstanding patient experience	***World-class clinical services***	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:	KSO3- outstanding patient experience- quality and supply issues with providers, ongoing workforce challenges KSO2- World class clinical services- restricted facilities to manage more complex patients				
Corporate risk register:	Committee deep dives on corporate risks Consideration of whether overarching risks should be added to the CRR Consideration of whether the vacant medical examiner post should be added to the CRR				
Regulation:	Health and Social Care Act 2008 CQC standards of quality and safety				
Legal:	As above				
Resources:	None				
Assurance route					
Previously considered by:	Quality and governance committee				
	Date:	19/12/22	Decision:		
Next steps:	N/A				

Report to:	Board Directors
Agenda item:	202-23
Date of meeting:	12 January 2023
Report from:	Karen Norman, Committee Chair
Report author:	Karen Norman, Committee Chair Leonora May, Deputy company secretary
Date of report:	20 December 2022
Appendices:	None

Quality and governance committee assurance

Introduction
This purpose of this report is to provide the Board with assurance on matters considered by the quality and governance committee at its meeting on 19 December 2022.

Clinical quality and patient safety
There had been one serious incident reported for the period and this was related to an incident in June 2021. Medication incidents remain the top incident reported and a deep dive has been completed into 'administration' errors. The committee accepted the recommendation that a quality improvement project on medication errors should be developed.

The committee received an update on clinical harm reviews and noted that engagement continues to improve with the implementation of the new process. The number of patients awaiting clinical harm review from 2021 has reduced during November and December, with 20% of the backlog completed. Recently there have been no patients identified as having suffered moderate or severe harm due to waiting more than 52 weeks, although the committee noted the number of breaches and fall in harm reviews for this year in comparison to last

The committee noted the findings of a recent audit on compliance with antimicrobial stewardship guidelines. Further work is required, particularly on documentation. The Medical Director is leading on this and a re-audit is planned.

The committee noted that there is reduced inpatient bed capacity due to planned maintenance work within the Canadian wing and a reduced on site presence for paediatricians, although they remain available for 24 hour telephone advice.

Infection prevention and control
The committee noted there was a Covid-19 outbreak in one of the wards on site which caused significant challenges.

The Covid-19 staff booster campaign was successful, with high numbers of staff having taken up the opportunity. The committee noted that the seasonal staff flu campaign is still running and that the team will continue to encourage medical staff to take up the opportunity.

Three cases of clostridium difficile infection (CDI) have been reported during the last quarter.

National investigation reports and transferrable learning from QVH

The committee received a report on transferrable learning from three recent national investigations: the Ockenden report 2 published 30 March 2022, the Kirkup report published 19 October 2022, and the investigation of concerns about quality and safety of mental health, learning disability and autism inpatient services in Manchester.

The committee noted the investigation findings and transferrable learning from incidents as set out within the report.

The committee agreed that there are some issues with staff escalating concerns and speaking up at QVH which is evidenced in current investigations, and requested a further updated action plan focussed on how the learning can be used to benefit QVH, specifically improvements to working culture and encouraging staff to speak up.

The updated action plan will be reviewed and discussed in detail by the Board at its seminar in February.

Risk
A new patient safety risk has been added to the corporate risk register: 1290 maintaining patient and staff safety in a post Covid-19 healthcare setting. This risk will be monitored and reviewed by the committee at future meetings.

Risk 1265: national Remifentanil shortage will be removed from the corporate risk register as the position has much improved.

Other

- The committee received the six monthly nursing workforce review report and noted that the Trust is considering options such as international recruitment and cost of living allowances. Assurance was taken with respect to safe staffing levels and safe care.
- The Committee recommended that the work started on an integrated performance perspective for the Board (paused due to the pandemic) should recommence.
- Sussex had not been impacted with the first wave of the Royal college of Nursing (RCN) strike action. The RCN will provide the Trust with notice should upcoming strike action affect QVH. The team have started gathering soft intelligence regarding which colleagues would or would not strike in order to manage staffing levels
- The committee completed its annual committee effectiveness review during November and the results of this were reported to the committee and discussed in detail at its seminar on 28 November 2022. A summary of the review will be presented to the Board in March 2023 as part of the Board effectiveness review
- Assurance was taken from the data presented within the patient experience report

Recommendation
The Board is asked to **note** the contents and recommendations of the report, the assurance where given and the risks identified.

KSO3 – Operational Excellence

Risk Owner – Director of Operations
Date last reviewed : 30th December 2023

Strategic Objective
We provide healthcare services that ensure our patients are offered choice and are treated in a timely manner.

Risk Appetite The trust has a **low appetite** for risks that impact on operational delivery of services and is working with a range of stakeholders to redesign and improve effectiveness and efficiency to improve patient experience, safety and quality.

Initial Risk 5 (c) x3 (L) =15, moderate
Current Risk Rating 4(C) x 4 (L) = 16
Target Risk Rating 3 (C) x 3 (L) = 9, low

Risk
Sustained delivery of constitutional access standards

Patients & Commissioners lose confidence in our ability to provide timely and effective treatment due to an increase in waiting times and a fall in productivity.

Rationale for current score

- Increase of RTT waiting list and patients waiting >52 weeks
- Increased capacity required at Uckfield, ~~Sevenoaks~~ **.**
- Increasing staff gaps due to COVID-19 isolation requirements & sickness absence
- **DNAs – cost of living pressures**
- **Patient choice leading to delayed procedures**
- Vacancy levels in sleep [CRR 1116]
- Specialist nature / complexity of some activity
- **Sentinel Lymph Node and MOHs demand [CRR 1122] – system network approach underway**
- Capacity to deliver NHSE, system and QVH elective recovery and transformation requirements
- ~~Anaesthetic gaps~~
- ~~Reduced IS provision for corneo plastics to inability to access Horder Healthcare capacity~~
- Increased demand in immediate breast reconstruction referrals
- **Increased demand in skin referrals**
- **Increased numbers of referrals and current ptl size, mutual aid requests**
- McIndoe Q3 & Q4 capacity – now confirmed
- **Pressures in support services i.e. Prosthetics, therapies, pharmacy - continue**

Future risks

- Further COVID-19 & Winter Flu surge
- National Policy changes to access and targets
- NHS funding ERF and fines changes & volatility
- Reputation as a consequence of recovery
- Workforce morale and potential retention impact due to ~~merger considerations~~ **QVH future strategy - tbc**
- System service review recommendations and potential risks to services Mutual Aid
- ~~McIndoe theatre capacity – Q3&4~~

Future Opportunities

- Closer ICS working
- **Closer working between providers including opportunities with Kent & Surrey**
- **Clinical networks i.e. Sleep, SLNB, Max Fac, trauma**

Controls / Assurance

- Mobilising of virtual outpatient opportunities to support activity during COVID-19
- Transformation Board established, initially focusing on Outpatients
- **Plastics Recovery Action plan & weekly meetings**
- Additional reporting to monitor COVID-19 impact
- Recovery planning and implementation ongoing
- Weekly RTT and cancer PTL meetings ongoing
- Waiting list process review from Medway and Darrent Valley & best practice is ongoing
- Additional cancer escalation meetings initiated where required to maximise daily grip
- Development of revised operational processes underway to enhance assurance and grip
- Locum staff identified to support sleep position
- Theatre productivity work programme in place. **Refresh of the monthly surgical pathway meeting and focus on 5 productivity workstreams**

Gaps in controls / assurance

- Not all spoke sites on QVH PAS so access to timely information is limited
- Late referrals for RTT and cancer patients from neighbouring trusts
- Residual gaps in theatre staffing
- Capacity challenges for both admitted and non admitted pathways
- Informatics capacity
- Impact of COVID-19 on patient willingness
- Theatre capacity due to Rowntree theatre procedure limits

KSO 4 – Financial Sustainability

Risk Owner: Chief Finance Officer | **Committee: Finance & Performance** | **Date last reviewed 22/11/2022**

Strategic Objective
We maximize existing resources to offer cost-effective and efficient care whilst looking for opportunities to grow and develop our services sustainably

Risk
Loss of confidence in the long-term financial sustainability of the Trust due to a failure to create adequate surpluses to fund operational and strategic investments

Risk Appetite The Trust has a **moderate appetite** for risks that impact on the Trusts financial position. A higher level of rigor is being placed to fully understand the implications of service developments and business cases moving forward to ensure informed decision making can be undertaken.

Initial Risk 3 (C) x 5 (L) = 15, moderate
Current Risk Rating 4 (C) x 5 (L)= 20, High
Target Risk Rating 4 (C) x 3 (L) = 12, moderate

Rationale for current score (at Month 8)

- As at Month ~~7~~ 8the Trust is reporting breakeven against actuals
- High risk factor –availability of staffing - Medical, Nursing and non clinical posts and impact on capacity/ clinical activity and non attendance by patients
- Commissioner challenge and at present unsigned contracts
- Potential changes to commissioning agendas
- Unknown costs of redesigned pathways.
- Increased efficiencies and productivity required to respond to convergence adjustment in future financial years to deliver breakeven.

Future Risks

NHS Sector financial landscape Regulatory Intervention

- 23/24 - API contract for elective activity confirmed driving further productivity requirement / potential loss of income
- 23/24 ~~Risk of~~ Convergence adjustment will impact QVH income as Sussex ICB is +6.8% distance from target
- Capital resources
- Commissioning intentions – Clinical effective commissioning
- Central control total for the ICS which is allocated to organisations
- Greater than anticipated Increased costs for inflationary pressures.
- Lack of relevant resource to deliver BAU, develop required efficiencies and Business Cases
- Development of compatible IT systems (clinical and non clinical) & back office functions will be part of the longer term plan to ensure in medium term efficiencies may be achieved.
- Retention and recruitment of staff due to uncertain future, loss of local knowledge.

Future Opportunities

- New workforce model, strategic partnerships; increased trust resilience / support ICB
- Develop the significant work already undertaken using IT as a platform to support innovative solutions and new ways of working
- Increase in efficiency and scheduling through whole of the patient pathway through service redesign and partnership working
- Spoke site activity repatriation and new model of care
- Strategic alliances \ franchise chains and networks
- Develop Green Plan to support NHS Net Zero

Controls / Assurances

- Performance Management regime in place and performance reports to the Board.
- Contract monitoring process and CIP Governance processes strengthened.
- Strengthened reporting with triangulated activity, workforce and finance monthly reports
- Finance & Performance Committee in place, forecasting from month 3 onwards ~~subject to caveats with regards to the NHS environmental changes~~
- New Business case group in place with governance in place.
- Audit Committee with a strengthened Internal Audit Plan.
- Budget Setting and Business Planning Processes (including capital) approved for all areas.
- Income / Activity capture and coding processes embedded and regularly audited
- Weekly activity information per Business unit, specialty and POD reflected against plan and prior years
- Service reviews started and working with a combined lead from the DoO and CFO

Gaps in controls / assurances

- Structure, systems and process redesign and enhanced cost control
- Model Hospital Review and implementation
- Identification and Development of transformation schemes to support long term sustainability
- Non achievement of efficiencies ~~/ productivity improvements~~ to achieve lower cost profile
- Establishment and vacancy control reviews

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**12/01/2023**		**Agenda reference:**	**204-23**	
Report title:	**Operational Performance Report**				
Sponsor:	Shane Morrison-McCabe, Director of Operations				
Author:	Operations Team				
Appendices:	None				
Executive summary					
Purpose of report:	To provide an update regarding operational performance and recovery.				
Summary of key issues	Key items to note in the operational report are: • Increasing level of demand for complex elective head and neck activity which has impacted day case activity. • Elevated levels of patient choice impacting cancer and referral to treatment trajectories (increase in 52 week position). • Workforce challenges in Orthodontics resulting in significant loss of capacity. • Current Diagnostics position and improvement plan.				
Recommendation:	The committee is asked to **note** the contents of the report				
Action required *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	**KSO3:** ***Operational excellence***	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	BAF 3				
Corporate risk register:	Risks As described on BAF KSO3				
Regulation:	CQC – operational performance covers all 5 domains				
Legal:	The NHS Constitution, states that patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, (i.e. patients should wait no longer than 18 weeks from GP referral to treatment) or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'.				
Resources:					
Assurance route					
Previously considered by:	Finance & Performance Committee				
	Date:	11.01.23	Decision:	Noted	
Previously considered by:					
	Date:		Decision:		
Next steps:					

Operational Performance Report

Shane Morrison-McCabe, Director of Operations

December 2022

Trust Board

Contents

Performance Summary

Queen Victoria Hospital NHS Foundation Trust

	KPI	TARGET / METRIC	SOURCE	DEC21	JAN22	FEB22	MAR22	APR22	MAY22	JUN22	JUL22	AUG22	SEP22	OCT22	NOV22	Change from last month
CANCER	Cancer 2WW	93%	National	94.8%	93.0%	93.9%	91.2%	83.4%	94.9%	89.5%	92.3%	86.8%	91.7%	91.2%	-	↓
	Cancer 62 day	85%	National	85.5%	92.3%	90.7%	95.1%	87.5%	89.2%	85.1%	89.5%	91.9%	86.3%	84.0%	-	↓
	Faster Diagnosis	75% (by March '24)	National	88.2%	80.3%	87.4%	86.6%	82.4%	85.3%	85.5%	84.5%	86.2%	84.4%	81.4%	-	↓
	Cancer 31 day DTT	96%	National	94.0%	95.3%	96.7%	95.6%	94.4%	94.8%	96.7%	94.0%	90.3%	94.9%	94.2%	-	↓
	31 Day Sub Treat	94% (surgery)	National	62.5%	89.5%	72.5%	80.0%	83.3%	77.3%	58.3%	70.4%	69.4%	61.7%	71.4%	-	↑
	Cancer 104 day	Internal trajectory	ICS	3	7	9	3	3	7	7	5	3	4	6	6	→
	Cancer 62 day+ backlog	Internal trajectory	ICS	24	26	21	18	23	23	23	23	32	35	36	29	↑
	Cancer 62 day+ backlog	<5% of PTL	Local	6.0%	6.6%	4.4%	3.7%	4.9%	4.5%	4.2%	4.1%	5.0%	5.8%	5.8%	4.7%	↑
DIAGNOSTICS	DMO1 Diagnostic waits	99% <6 weeks	National	87.60%	89.70%	92.02%	89.88%	87.96%	88.9%	88.7%	72.06%	71.6%	75.35%	73.88%	70.10%	↓
	Histology TAT	90% <10 days	Local	98%	92%	96%	96%	96%	95%	83%	97%	96%	92%	93%	94%	↑
	Imaging reporting	% <7 days	Local	95.7%	98.0%	95.0%	98.7%	90.0%	99.6%	98.1%	98.9%	96.6%	96.4%	97.6%	99.4%	↑
RTT WAITS	Total Waiting List Size	N/A	N/A	11,541	12,241	12,711	13,544	14,121	14,290	14,782	15,275	15,706	15,718	15,393	15,222	↓
	RTT104	0 by March '22	ICS	6	1	3	1	0	0	0	0	0	0	0	0	→
	RTT78	0 by March '22	Local	22	15	13	10	8	6	7	6	5	3	11	9	↑
	RTT52	0 by March '23	ICS	229	192	197	198	200	229	273	301	308	296	312	315	↑
	RTT18	92%	National	67.82%	68.10%	67.16%	65.40%	64.27%	66.63%	65.27%	63.50%	64.31%	63.35%	64.44%	65.31%	↑
ACTIVITY	Elective Recovery Increase	22/23 Activity Plan	ICS					93%	101%	98%	94%	95%	95%	108%	107%	↓
	Elective Recovery Reduction	22/23 Activity Plan	ICS					-4%	+2%	-4%	-12%	-16%	-14%	-9%	-6%	↓
	Non Elective Total	22/23 Activity Plan	ICS					108%	111%	116%	115%	98%	95%	100%	102%	↑
MIU	MIU	95% discharged <4hrs	National	99.1%	99.7%	99.9%	99.8%	99.5%	99.9%	99.2%	99.6%	99.7%	99.9%	99.9%	99.9%	→

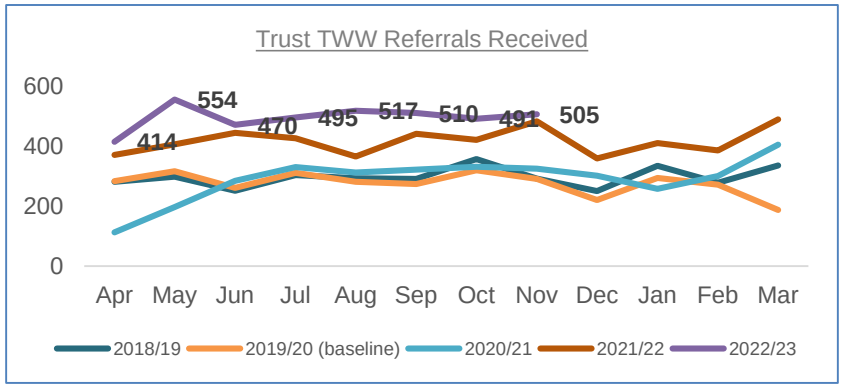
RAG			
	Deteriorating position or plans / cause for concern	Improving position / plans / trajectories on track	Delivery of national / local standard

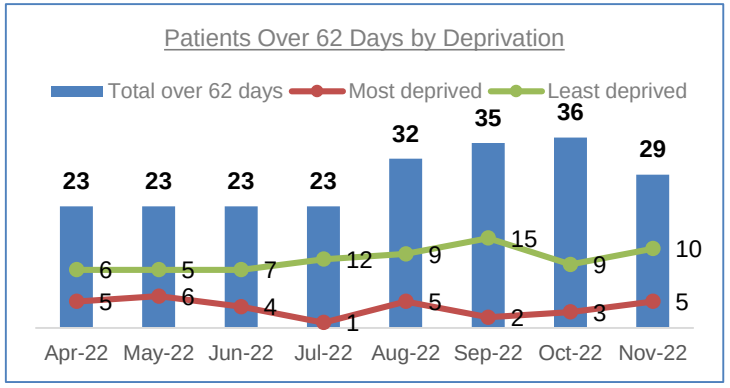
Cancer

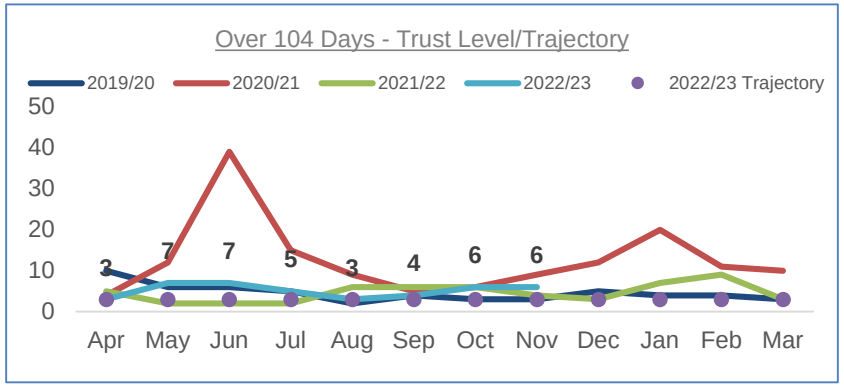
CANCER NATIONAL POSITION: *(Oct-22)*

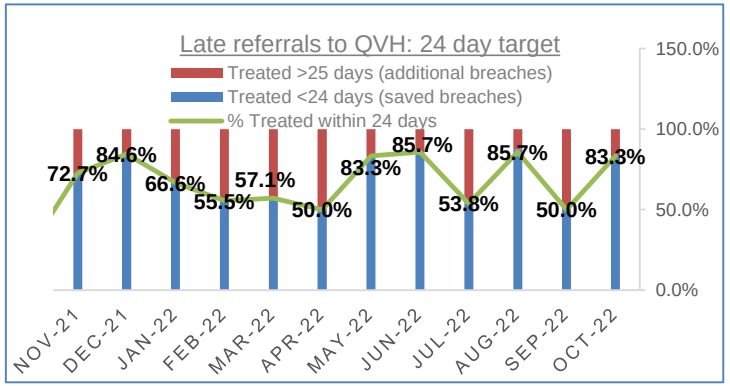
2WW:	FDS:	62 Day:	31 Day:
48 out of 136	**17** out of 137	**14** out of 141	**75** out of 138

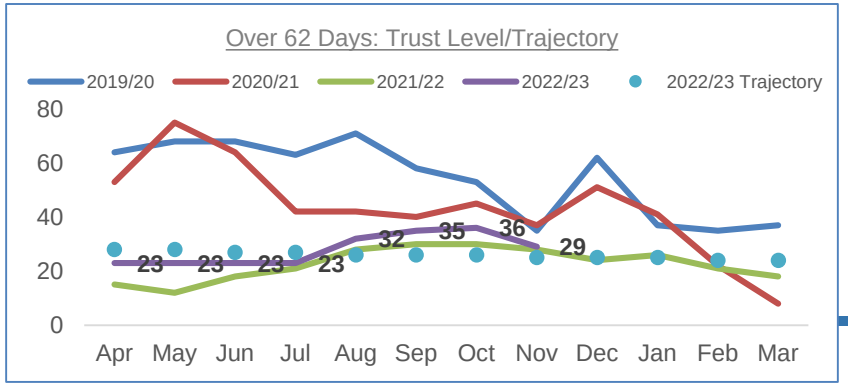
NHS Queen Victoria Hospital NHS Foundation Trust

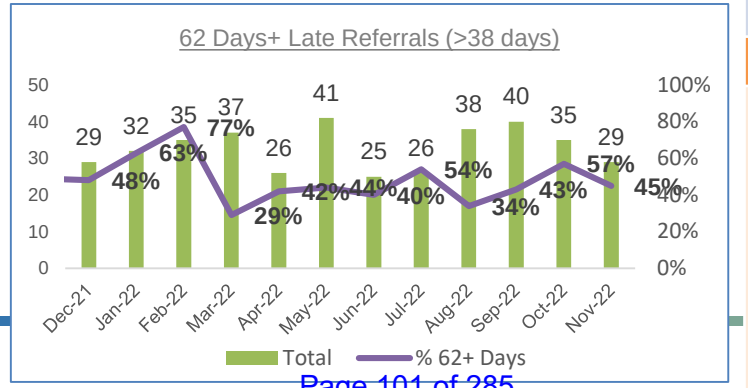












PERFORMANCE COMMENTARY

- **2WW** – standard not met reporting a decrease in performance of 0.5% compared to last month. 50% of breaches due to patients choosing to delay their appointment with outpatient capacity in skin continuing to be challenging. Number of patients being seen in the first week remains low, and trice weekly meetings continue with services to support and pre-empt capacity challenges.
- **2WW referrals** – In month skin referrals reported decrease however still reporting 85.1% above baseline 2019-20. Head & neck reported an increase across all three sites. Regional split remains comparable to previous years with head and neck receiving 64% of referrals from Kent, skin 89% from Sussex.
- **62 day referral to treat** – standard not met. Breast reported 1.5 breaches, head and neck 1, haematology 1 and 4.5 skin.
- **Faster diagnosis** – met standard.
- **31 day decision to treat (DTT)** – standard not met. Skin reported 6 breaches (2 theatre capacity, 4 medical delays).
- **31 day subsequent** – standard not met despite reporting an increase in performance by 9.7%. Skin reporting the highest number of patients with 14 breaches – 7 of which were SLNB capacity, 3 theatre capacity and 4 medical delays. The number of subsequent treatments is continuing to rise, reporting 200% above baseline and the Trust achieved planned activity reporting highest number of treatments for 2022/23.
- **62 day+ backlog** – trajectory not met and PTL % met; driven by skin which makes up 79% of the backlog, however reporting the largest decrease. The main delays are benign letters and follow up appointment delays along with the booking of dates for excisions. Breast reporting an increase due to receiving a number of late referrals.
- **104 day+** – trajectory not met, of the 6 patients reported in month 2 were late referrals, 2 are complex pathways, 1 patient delayed their investigations and 1 patient had a delay in sending a benign letter.
- **Health Inequalities** – The number of DNA's from a most deprived area remains low, with the majority of these coming from IMD +5.

FORWARD LOOK / PERFORMANCE RISKS

- The unvalidated November performance for **FDS and 62 day** is achieving the standard.
- The unvalidated November performance for **2WW, 31 day DTT, 31 day subsequent** is below plan.
- **62 day+ backlog** – Skin is the key risk with challenged out patient capacity due to high referral demand. Patient initiated delays continue to remain high, predicting a further increase in December.
- **Over 104 day** – Continuing to see complex pathways (cardiology, dementia and Power of Attorney) and an increase in late referrals resulting in the Trust missing the trajectory.

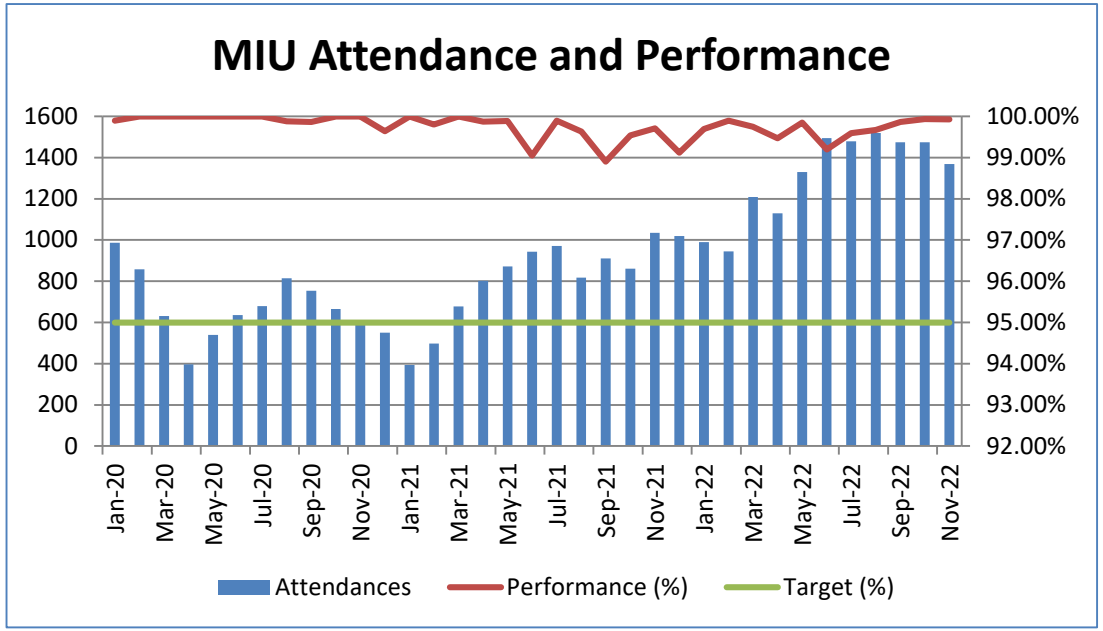
MIU

Diagnostics

DMO1 NATIONAL POSITION: *(look back – Oct-22)*	
National DMO1: 72.5%	**QVH DMO1:** 73.9%

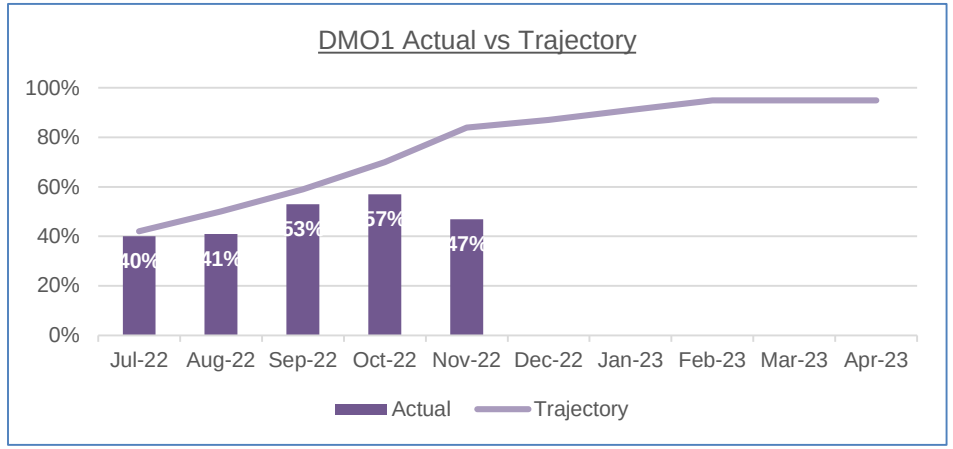
MIU

- MIU attendance have remained at consistently high level, however seeing a reduction in the number of attendances in November compared to October, and we continue to meet the 4 hour clinical standard.



DMO1:

- National target not met; impacted by challenges within Sleep.
- Radiology only DMO1 performance is 100**%.**
- Sleep only DMO1:
- Performance reduced in month at **46.9%,** however is behind trajectory by 37%. See next slide for commentary and forward look.

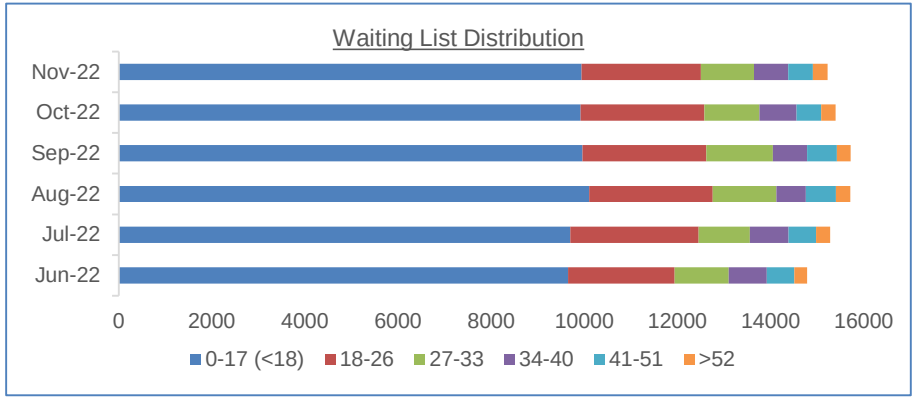


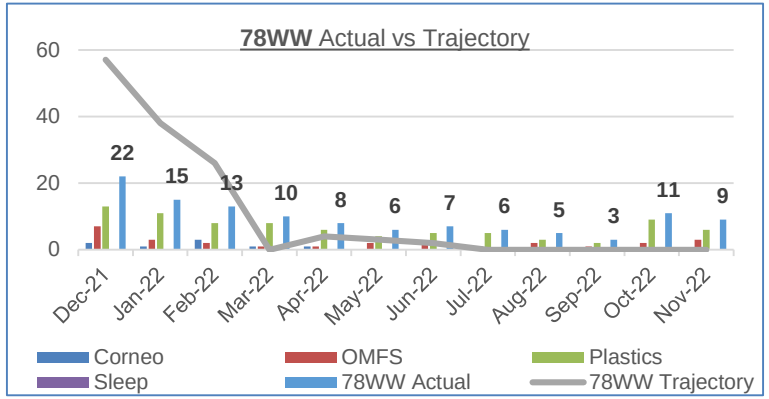
RTT Waits

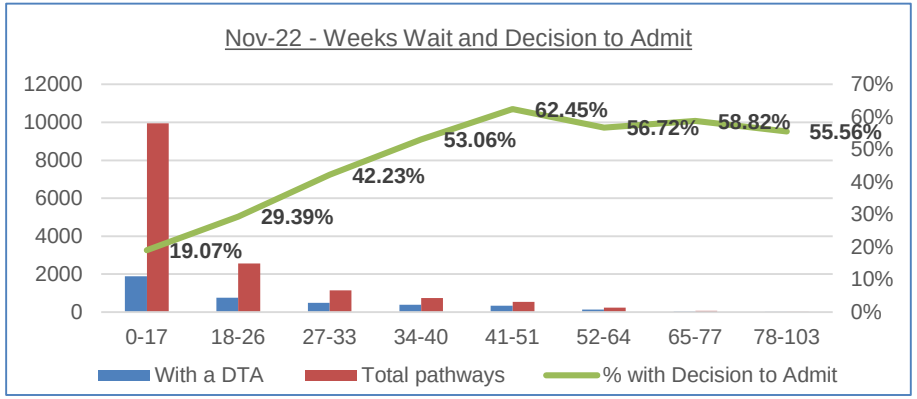
RTT NATIONAL POSITION: *(look back – Oct-22)*	
National RTT18: 60.1%	**QVH RTT18:** 64.4%

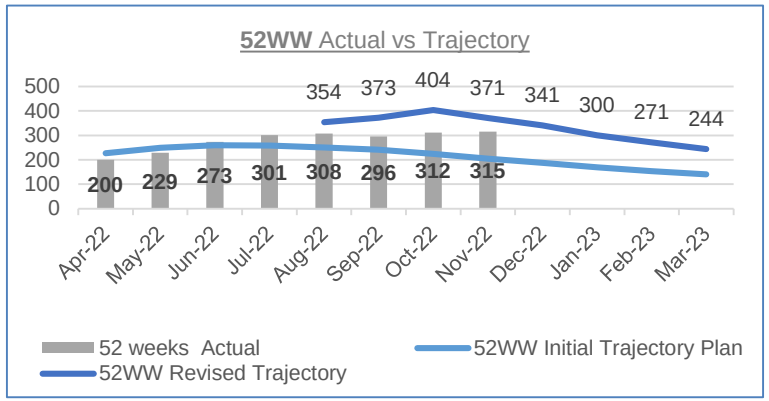
52WW NATIONAL POSITION: *(look back –Oct-22)*	
National % >52WW: 5.5%	**QVH % >52WW:** 2.0%

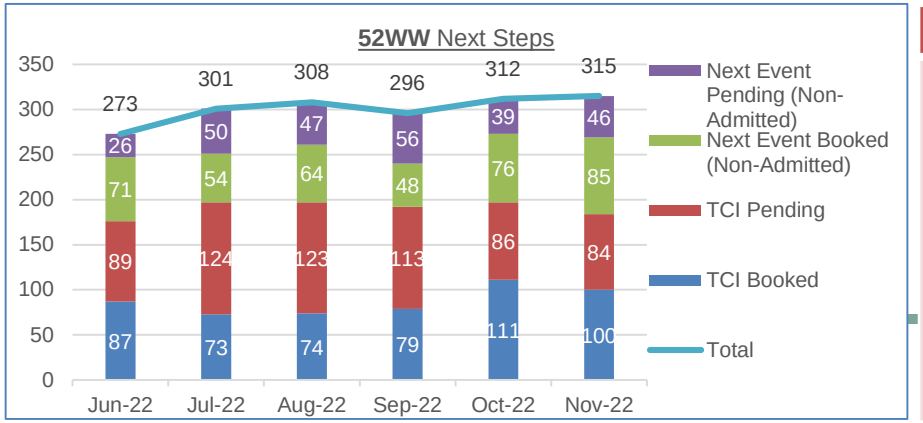
Queen Victoria Hospital NHS Foundation Trust











Plastics Update

- Revised trajectory achieved for November. Predicting to achieve revised trajectory for December.
- Continue to deliver action plan for PTL recovery.

Risks to performance:-

- Management team not yet back to full capacity but improving.
- MoHs capacity.
- SLNB capacity.
- Recruitment to breast clinician vacant posts.

N.B. Continuation of the implementation of the plastics admin review as part of the continuous improvement of service efficiency.

PERFORMANCE COMMENTARY

- **78WW** – Trajectory not met. Decrease of 2 patients compared to last month, 5 have TCI booked, 2 have next step booked and 2 pending (funding and clinical review) . Max Fac - 3, Plastics – 6.
- **52WW**:
  - Revised trajectory met.
  - Number of patients with a TCI booked in Plastics has remained stable following last months 40% increase.
  - 19 are patient choice and 17 of these are plastics patients.
  - Of the total number waiting 58.1% are Plastics, 36.2% are Max Fac, 5.1% are Corneo and 0.6% are Sleep.

FORWARD LOOK / PERFORMANCE RISKS

- **78WW** – expecting an increase in the number of patients waiting 78 weeks in December - predicting to have 17. 9 patients have a TCI date in Jan, 3 have an OPA in Dec.
- **52WW** – expecting an increase the number of patients waiting more than 52 weeks in December, predicting to have 342 which will meet revised trajectory.
- Working collaboratively with Sussex to move forward the new Patient Choice guidelines, this includes a shared addendum to the Access Policy

Activity Vs Plan

QVH Site / Independent Sector

Queen Victoria Hospital NHS Foundation Trust

Elective Recovery Group	POD Grouping	M8 Activity Plan	M8 22/23 Activity	% Activity Plan against 22/23 M8 Activity	19/20 M8 Activity Baseline	19/20 Activity Baseline % against 22/23 M8 Activity	1920 Value Weight Activity % against 22/23 M8 VWA
Elective Recovery Increase	Day Case Total	1152	958	83%	1074	89%	97%
	Elective Total	272	290	107%	350	83%	106%
	Elective (excl Sleep)	*192*	*189*	*98%*	*228*	*83%*	*108%*
	First Outpatients Total	3939	3836	97%	3832	100%	99%
	Outpatient Procedures Total	2261	3063	135%	2325	132%	156%
Elective Recovery Increase Total							**106%**
Elective Recovery Reduction Total	Follow Up Outpatients Total	**10680**	**10042**	**-6%**	**10735**	**-6%**	
Non Elective Total		**603**	**614**	**102%**	**486**	**126%**	

PERFORMANCE COMMENTARY

- **Day Case** – 83% of plan and 89% of 19/20 baseline delivered as a Trust. 97% VWA.
- Reduced activity compared to M7 in Max Fax owing to increased demand for complex elective head and neck activity, however 118% VWA delivered. Ophthalmology continues to underperform as per previous months. Plastics delivered 86% of plan (driven by under performance against modular activity plans) but 134% of 19/20 and 133% VWA. MoHs activity improved against plan (86%) and delivered 99% VWA. Due to a departmental change in process Sleep daycase activity is now outpatient procedure activity. Excluding sleep Trust delivery of daycases compared to 19/20 is at 101% and 102% VWA.
- **Elective** – 107% of plan and 83% of 19/20 baseline delivered as a Trust. 106% VWA.
- Over performance against plan driven largely by Sleep (126% of plan). All other specialties broadly delivering plan.
- Increase in case complexity seen in Max Fax, Ophthalmology, Plastics and Burns in particular.
- Total Inpatient activity (combined daycase and elective) - value weighted delivery against 19/20 of 101%.
- **First Outpatients** – 97% of plan and 100% of 19/20 baseline delivered as a Trust. 99% VWA.
- Underperformance against plan continues to be largely driven by Ophthalmology (65%) due to improved recording of diagnostics changing firsts to outpatient procedures. Ophthalmology new patient attendances and new patient procedures combined at 121% of plan and 104% of 19/20 demonstrating a significant improvement in new patient activity in real terms. Orthodontics activity improved delivering 95% of plan and 109% of 19/20. Sleep delivered 123% and Plastics 101% of plan.
- **Outpatient Procedures** – 135% of plan and 132% of 19/20 baseline delivered as a Trust. 156% VWA.
- Over performance against plan seen in Ophthalmology (403% of plan), due to improved recording of diagnostics carried out in clinics, Plastics (130% of plan) and Sleep (149% of plan) due to the change in departmental process outlined above under “day case”.
- **Follow Up Outpatients** – Trust position at 94% against plan representing a performance of -6% against plan and a 6% reduction against 19/20.
- **Non-Elective** - 102% of plan and 126% of 19/20 baseline delivered as a Trust.

FORWARD LOOK / PERFORMANCE RISKS

- **Corneo** – Successful recruitment to consultant and optometrist posts with planned start dates in January 2023. Ongoing risks regarding Fellow vacancies. Theatre performance expected to fall in M9 due to theatre closures. Combined new patient and outpatient procedure activity expected to reflect 19/20 levels in M9.
- **Plastics** – Theatre performance expected to fall in M9 due to theatre closures. Outpatient activity expected to reflect 19/20 baseline. Cancer referral numbers have reduced into M9 reducing the challenges on the service.
- **Max Fac** – Theatre performance expected to fall in M9 due to theatre closures. Continued demand through head and neck likely to represent continued increase in elective complexity. Registrar appointed and started mid December.
- **Orthodontics** – Significant workforce challenges continue with multiple vacancies and absences resulting in significant loss of capacity. Recruitment to cover posts continues to be challenging. M9 activity expected to be challenged with reduction in WLI sessions.
- **Sleep** – Improved staffing levels continue to drive delivery in excess of plan for elective, new patient and outpatient procedures. Continued over performance expected into M9.
- **Independent sector** – contract agreed and in place until March 2023. See and Treat clinics continue for two days per week. Theatre utilisation remains consistent.
- **Theatre** – Essential maintenance works has already had a notable impact on theatre activity in M9.

Community Diagnostic Centre (CDC)

PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
• Referrals continue to be received through the digital platform Bleepa (which connects QVH with primary and secondary care colleagues), for the breathlessness pathway. • The Full Business Case (FBC) has been approved by the national team, including the agreed changes to the capital allocation. Awaiting the LOA. • Individualised tests active on the clinical system ICE, linking in with primary Care colleagues to promote. • Workforce for physiological tests for Health Care Assistants and Pathway Coordinator is completed, start dates in place.	• Work stream groups continue to meet, now approval is in place can concentrate upon the next steps for each. • Digital, estates and turn key elements of the FBC can now progress at pace in January 2023 due to final written approval being received from NHSE. • NHSE are looking to clawback on underperformance in physiological testing. Working to provide commissioners with total costs incurred and narrative around expected trajectory in H2 to mitigate this. • Post Project Evaluation (quality metrics will be featured) to be undertaken by each CDC site in early 2023, awaiting further guidance on how this will be captured and presented.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**12/01/2023**		**Agenda reference:**	**205-23**	
Report title:	**Finance Report 2022/23 – Month 08**				
Sponsor:	James Drury – Interim Chief Finance Officer				
Author:	James Drury – Interim Chief Finance Officer				
Appendices:	Finance Performance Report Month 08 - Report				
Executive summary					
Purpose of report:	To provide the Board with an overview of the Trust's financial performance.				
Summary of key issues	Month 8 YTD The Trust I&E position is breakeven against actuals. Income YTD is £2.1m favourable to plan. No expectation of ERF claw-back from commissioners included with the YTD position. Associates commissioners income under plan as contracts are still to be finalized. Expenditure run rate (both Pay and Non-Pay) is broadly in line with last 12 months averages. Pay expenditure in Month 8 in line with trend with an increase in substantive and bank staff across all staff groups. Non pay YTD is £3.4m above plan, which is in line with M1-7 run rate. Ongoing review of expenditure is taking place. The cash position of the Trust remains favourable due to the level and timing of the block payments arrangement this year. The Trust position on Debtors and Creditors continues to improve. Work is ongoing with regards to the over 90 day's debtors. The Trust capital plan for the year is £6.5m; YTD M8 capital spend is £1.1m below plan.				
Recommendation:	It is recommended that the Board **notes** the contents of the report.				
Action required	Approval	Information	Discussion	Assurance	**Review**
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: ***Financial sustainability***	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	KS04 – Financial Sustainability				
Corporate risk register:	KS04 – Financial Sustainability				
Regulation:					
Legal:					
Resources:	No current resources.				
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	11/01/22	Decision:		
Next steps:	NA				

Financial Performance Report

James Drury, Interim Chief Finance Officer

November 2022
Month 8

Finance & Performance Committee

Contents

Queen Victoria Hospital NHS Foundation Trust

Executive Summary

Queen Victoria Hospital
NHS Foundation Trust

Income and Expenditure

- **YTD** — **Breakeven**
- **Year End Forecast** — **Breakeven**

Statement of Financial Position

- **YTD Cash at Bank** — **£14.8m**

BPPC YTD

- **Value** — **95.4%**
- **Volume** — **94.7%**

Efficiencies

- **Plan YTD** — **£705k**
- **Delivered YTD** — **£705k (£513k non recurrent)**

Capital Spend

- **Plan YTD** — **£3,719k**
- **Actual YTD** — **£2,106k**

Headline Financial performance Month 08

Queen Victoria Hospital NHS Foundation Trust

Income and Expenditure

	WTE worked	In Month £'000 Plan	In Month £'000 Actual	In Month £'000 Variance	Year to date £'000 Plan	Year to date £'000 Actual	Year to date £'000 Variance	Forecast £'000 Plan	Forecast £'000 Actual	Forecast £'000 Variance
Income		7,430	7,924	494	60,071	62,243	2,172	89,827	91,035	1,208
Pay										
Substantive	942.74	(4,725)	(4,539)	186	(38,132)	(35,640)	2,492	(57,020)	(51,235)	5,785
Bank	73.35	(150)	(295)	(145)	(1,208)	(2,736)	(1,528)	(1,809)	(4,265)	(2,457)
Agency	8.27	(9)	(110)	(101)	(74)	(744)	(669)	(112)	(1,278)	(1,166)
Total Pay	1024.36	(4,884)	(4,944)	(60)	(39,414)	(39,119)	295	(58,940)	(56,778)	2,162
Non Pay		(2,033)	(2,492)	(459)	(16,806)	(19,356)	(2,550)	(25,176)	(28,664)	(3,487)
Non operational		(496)	(508)	(469)	(3,970)	(3,928)	(3,026)	(5,958)	(5,841)	(4,112)
Total Expenditure		(7,413)	(7,944)	(531)	(60,190)	(62,403)	(2,212)	(90,074)	(91,282)	(1,208)
Surplus / (Deficit)		17	(20)	(37)	(119)	(160)	(41)	(247)	(247)	(0)
Adjusted financial performance										
Technical			*20*	*20*		*160*	*160*	*247*	*247*	*0*
Adjusted Surplus /		***17***	***0***	***(17)***	***(119)***	***0***	***119***	***(0)***	***(0)***	***(0)***

Cashflow Report

	Actual £'000 Sep-22	Actual £'000 Oct-22	Actual £'000 Nov-22	Forecast £'000 Dec-22	Jan-23	Feb-23	Mar-23
Opening Balance	10,018	10,212	9,158	14,834	13,731	11,610	9,488
Total Receipts	8,291	7,204	13,285	7,044	7,044	7,044	7,044
Total Payments	-8,098	-8,258	-7,608	-8,147	-9,166	-9,166	-10,013
Net Cash Movement	193	-1,054	5,676	-1,103	-2,122	-2,122	-2,969
Closing Balance	10,212	9,158	14,834	13,731	11,610	9,488	6,519

Capital Month 8 22/23

	Year to Date Plan £000	Year to Date Actual £000	Year to Date Variance £000	Forecast Outturn Plan £000	Forecast Outturn Actual £000	Forecast Outturn Variance £000
Estates Projects	415	394	21	1,835	1,039	796
Medical Equipment	321	95	226	776	774	2
IMT	1,071	495	576	2,881	2,327	554
Other	-	- 262	262	- 356	- 262	-94
Theatres Modular Build	1,412	1,384	28	1,412	1,484	-72
Total Capital Programme 22/23	**3,219**	**2,106**	**1,113**	**6,548**	**5,362**	**1,186**

Performance Month 08 YTD breakeven: Income is over plan £2.1m which is offset by expenditure over plan £2.2m

Income: YTD income is over plan £2.1m

YTD income over plan

- £0.4m non recurrent GSTT prior year income provision
- £0.7m Additional pay award allocation YTD postion
- £0.1m Recharge income (offset with expenditure)
- £0.1m HEE income above plan YTD
- £0.1m Deferred income
- £0.2m Merger income
- £0.4m CDC H2

Expenditure YTD £2.2 over plan

- Pay expenditure in Month 8 is line with trend. Pay is £0.3m plan due to vacancies, increased costs for pay awards is offset by income.
- Worked establishment at M7 is 1027.51 wte, 46.43 wte higher than the same period in 21/22. In month Worked establishment is 31.57 wte higher than M6.
- Non pay YTD is £2.2m above plan. Ongoing review of expenditure is taking place.

Efficiencies

- M8 YTD delivery against identified schemes is £192k which is £513k under plan, the balance has been delivered through non recurrent measures. Work is ongoing to identify recurrent savings and ensure the delivery of planned target.

Balance sheet

- Cash at M08 close is £14.8m. Year end forecast in line with plan but is dependent on the capital and revenue expenditure profile in Q3&4.
- Trade payables have decreased year to date by £5m reflecting the payment of March Creditors and in November increased by £4m for further expenditure accruals.
- BPPC: Trust total creditor performance YTD is as follows;
  - Number of invoices: 94.7 % (0.3% below compliant level)
  - Value of invoice 95.4% (compliant)

Capital

- Capital spend to date is £1.1m below plan. The majority of the spend is planned in H2 and remains at risk of delivery.

Financial Forward Look Risks & Mitigations

Queen Victoria Hospital NHS Foundation Trust

Forecast year end: Breakeven: Forecast updated for latest information and will continue to be reviewed and monitored in the coming months

Income

- We are awaiting final draft contracts to be issued by Associate commissioners setting out contract finances, particularly in relation to ERF and Growth. NHS Sussex ICB ERF allocation confirmed so expected that associate contracts may now move forward.

Expenditure

- In order to deliver activity targets in 2022/23 and secure the ERF, the Trust contracted with the Mcindoe Centre for additional theatre capacity. Year end additional costs to continue to year end.
- From July 2022, Mcindoe increased the sessional price and this has resulted in additional costs of approx. £200k per month above qtr1 run rate for July - September. If the current utilisation of Mcindoe capacity continues at current rates, a cost pressure for the remainder of the 2022/23 financial year of £0.8m will arise.

Efficiencies

- Non delivery of cash releasing schemes will impact the Trust position to deliver a breakeven position and achieve a lower cost profile. The Trust historically has not been able to deliver cash releasing efficiencies. The Trust continues work to understand how the productivity and efficiencies currently being delivered can convert into recurrent savings.

Capital

- Scheme owners have been tasked with a H2 forecast to ensure proactive approach to deliver programme spend and to mitigate any slippage.
- The CDC project, recently approved by NHSE, is now programmed for 23/24.

M8 VWA Performance vs 19/20

Queen Victoria Hospital NHS Foundation Trust

Elective Recovery Group	POD Grouping	M8 Activity Plan	M8 22/23 Activity	% Activity Plan against 22/23 M8 Activity	19/20 M8 Activity Baseline	19/20 Activity Baseline % against 22/23 M8 Activity	1920 Value Weight Activity % against 22/23 M8 VWA
Elective Recovery Increase	Day Case Total	1152	958	83%	1074	89%	97%
	Elective Total	272	290	107%	350	83%	106%
	Elective (excl Sleep)	*192*	*189*	*98%*	*228*	*83%*	*108%*
	First Outpatients Total	3939	3836	97%	3832	100%	99%
	Outpatient Procedures Total	2261	3063	135%	2325	132%	156%
Elective Recovery Increase Total							106%
Elective Recovery Reduction Total	Follow Up Outpatients Total	10680	10042	-6%	10735	-6%	
Non Elective Total		603	614	102%	486	126%	

The above table shows activity performance at a POD level against operating plan (including additional procured McIndoe capacity) and in terms of activity volumes/financial value compared to 19/20 on which current block payments are based. Follow-up outpatient activity shows level of reduction compared to 19/20 levels which has a target of 15% reduction over the year.

The Trust delivered 106% of 19/20 VWA levels in M8, with main underperformance in daycases due to ophthalmology daycases at 64% of 19/20 levels and in first outpatients with ophthalmology and max-facs new outpatients at 59% and 89% respectively. Current YTD elective recovery performance as at M8 is 99%.

SoFP & BPPC Month 8

Queen Victoria Hospital
NHS Foundation Trust

Statement of financial position											
										Change	
£000's	Prior Year End: March 2022	April	May	June	July	August	September	October	November	In Month	In Year
Non Current Assets	60,252	59,897	60,044	59,993	60,214	60,309	60,266	59,787	59,457	(330)	(795)
Inventories and Receivables	4,594	4,517	5,120	6,500	7,609	7,831	6,825	7,825	6,730	(1,095)	2,136
Cash	17,547	10,267	9,487	8,763	9,435	10,018	10,212	9,164	14,840	5,676	(2,707)
Total Current Assets	22,141	14,783	14,607	15,264	17,044	17,849	17,037	16,989	21,570	4,581	(571)
Current Liabilities	(18,971)	(11,473)	(11,644)	(12,297)	(14,361)	(15,300)	(14,465)	(13,948)	(18,240)	(4,292)	731
Subtotal Net Current Assets	3,170	3,310	2,962	2,967	2,683	2,549	2,572	3,041	3,330	289	160
Total Assets less Current Liabilities	63,422	63,208	63,006	62,960	62,898	62,858	62,838	62,828	62,787	(41)	(635)
Non Current Liabilities	(3,843)	(3,830)	(3,830)	(3,441)	(3,399)	(3,379)	(3,379)	(3,389)	(3,368)	21	475
Total Assets Employed	59,579	59,378	59,176	59,519	59,499	59,479	59,459	59,439	59,419	(20)	(160)
Total Tax Payers' Equity	59,579	59,378	59,176	59,519	59,499	59,479	59,459	59,439	59,419	(20)	(160)

Better payment practice code				
Compliance target: 95% of invoices being paid within 30 days of receipt	Current YTD	Current YTD	Current Month	Current Month
	November	November	November	November
	Invoice Quantity	Invoice Value £000	Invoice Quantity	Invoice Value £000
Non-NHS bills paid within target	95.0%	95.4%	97.4%	99.9%
NHS bills paid within target	91.8%	95.4%	91.4%	84.5%
Total bills paid within target	94.7%	95.4%	96.6%	96.6%
Compliance target	95.0%	95.0%	95.0%	95.0%
Above (below) target	(0.3%)	0.4%	1.6%	1.6%

QVH PERFORMANCE COMMENTARY

- Non current assets: Capital spend YTD of £2.1m and depreciation of £2.9m YTD. Capital spend is behind programme plan by £1.1m.
- Trade receivables: Increase in year reflects an increase in accrued NHS income. This includes CDC at £1.084m
- Cash: The reduction in cash year to date of £3m mainly reflects the payment of March capital invoices. The increase in November is from the payment of invoices by the ICB of £4m.
- Trade payables: had decreased year to date by £5m reflecting the payment of March items, and in November increased by £4m for further expenditure accruals.
- Borrowings: (current and non current) consist of the theatre capital loan and the outpatient pod finance lease. Instalments on the principal are payable in June and December (£0.4m).
- The Trusts BPPC compliance target is currently being met in month & YTD.

Efficiencies Month 08

Queen Victoria Hospital NHS Foundation Trust

Efficiencies Performance YTD M8	No of Schemes.	Annual Contribution FYE £'000	Contribution 2022/23 PYE £'000	RAG RATED Contribution 2022/23 PYE £	YTD Plan Contribution £'000	YTD Achievement £'000	YTD Variance £'000
Red	1	23	12	1	0	0	
Amber	13	1,934	1,564	782	438	5	(433)
Green	6	303	261	209	128	69	(59)
Blue	4	221	221	221	139	118	(21)
TBC	11	66	16	0	0	0	0
Non reccurent	1	0	0	0	0	513	513
Grand Total	**36**	**2,547**	**2,074**	**1,213**	**705**	**705**	**(0)**
Trust Target		**3,464**	**3,464**	**3,464**			
Variance (under)/over Trust Target		(916)	(1,390)	(2,251)			

Business Unit performance	No of Schemes.	Annual Contribution FYE £'000	Contribution 2022/23 PYE £'000	RAG RATED Contribution 2022/23 PYE £'000	YTD Plan Contribution £'000	YTD Achievement £'000	YTD Variance £'000
Clinical Support	5	257	202	166	99	51	(47)
Non Clinical Infrastructure	5	156	147	114	75	52	(23)
Operational Nursing	2	15	8	0	0	0	0
Oral, Maxillofacial And Corneo	6	170	155	88	44	0	(44)
Perioperative Care	11	91	38	22	16	17	0
Plastics	4	458	124	124	82	72	(10)
Trustwide	3	1,400	1,400	700	389	513	124
Grand Total	**36**	**2,547**	**2,074**	**1,213**	**705**	**705**	**(0)**

QVH PERFORMANCE COMMENTARY

M8 YTD delivery against identified schemes is £192k which is £513k under plan, the balance has been delivered through non recurrent measures. Work is ongoing to identify recurrent savings and ensure the delivery of planned target.

The Trust has a total Efficiency target of £3.5m with plan set net of efficiencies:

- Cash releasing £2.1m
- Productivity 5%, activity increase to achieve 104% elective activity target c. £1.4m
- The Trust full year contribution target is £3.5m, to date £1.9m has been identified as impacting in 22/23. The RAG rated contribution of these schemes is however circa £1m.

36 schemes identified to date across the Trust, The financial impact of 11 schemes are to be confirmed and a risk rated value determined.

The Trust continues work to understand how the productivity and efficiencies currently being delivered non recurrently can convert into recurrent savings. Additional effort is being made to support the services in the identification and development of recurrent savings plans.

Appendix

Income & Expenditure Month 08

Queen Victoria Hospital NHS Foundation Trust

Financial Performance Month 8 2023
Income and Expenditure

	In Month £'000					Year to Date £'000				Forecast Outturn		
	21/22	Plan	Plan	Actual	Variance	21/22	Plan	Actual	Variance	Plan	Forecast	Variance
Income												
Patient Activity Income	6,739	7,189	7,189	7,537	349	44,174	58,139	60,016	1,876	86,929	86,686	(243)
Other Operating Income	1,076	241	241	387	145	3,135	1,932	2,227	295	2,898	4,349	1,451
Total Income	**7,815**	**7,430**	**7,430**	**7,924**	**494**	**47,308**	**60,071**	**62,243**	**2,172**	**89,827**	**91,035**	**1,208**
Pay												
Substantive	(4,497)	(4,725)	(4,738)	(4,539)	199	(30,220)	(38,144)	(35,640)	2,505	(57,020)	(51,235)	5,785
Bank	(281)	(150)	(150)	(295)	(145)	(2,197)	(1,208)	(2,736)	(1,528)	(1,809)	(4,265)	(2,457)
Agency	(72)	(9)	(9)	(110)	(101)	(1,644)	(74)	(744)	(669)	(112)	(1,278)	(1,166)
Total Pay	**(4,850)**	**(4,884)**	**(4,897)**	**(4,944)**	**(47)**	**(34,061)**	**(39,427)**	**(39,119)**	**307**	**(58,940)**	**(56,778)**	**2,162**
Non Pay												
Clinical Services & Supplies	(786)	(560)	(560)	(750)	(190)	(4,424)	(4,491)	(6,310)	(1,819)	(6,856)	(8,673)	(1,817)
Clinical Services & Supplies - Med & Surg	(825)	(606)	(606)	(811)	(205)	(4,571)	(4,850)	(4,872)	(22)	(7,275)	(7,410)	(135)
Drugs	(118)	(126)	(126)	(120)	6	(984)	(1,008)	(968)	40	(1,512)	(1,498)	14
Establishment Expenses	(245)	(265)	(265)	(337)	(72)	(2,334)	(2,121)	(2,476)	(355)	(3,182)	(3,991)	(809)
Consultancy	(9)	0	0	0	0	(87)	0	0	0	0	0	0
Other non pay	(407)	(475)	(481)	(474)	8	(3,072)	(4,209)	(4,730)	(521)	(6,352)	(7,092)	(741)
Total Non Pay	**(2,389)**	**(2,033)**	**(2,039)**	**(2,492)**	**(453)**	**(15,472)**	**(16,679)**	**(19,356)**	**(2,677)**	**(25,176)**	**(28,664)**	**(3,487)**
Non Operational Expenditure	(126)	(139)	(139)	(140)	(1)	(1,043)	(1,119)	(1,112)	7	(1,676)	(1,614)	61
Non Operating Income	0	1	1	19	19	15	0	90	90	7	36	30
Depreciation and amortisation	(413)	(357)	(357)	(387)	(30)	(2,325)	(2,859)	(2,905)	(46)	(4,289)	(4,263)	26
Total Expenditure	**(7,777)**	**(7,413)**	**(7,432)**	**(7,944)**	**(512)**	**(52,885)**	**(60,083)**	**(62,403)**	**(2,320)**	**(90,074)**	**(91,282)**	**(1,208)**
Surplus / (Deficit)	**38**	**17**	**(2)**	**(20)**	**(18)**	**(5,577)**	**(12)**	**(160)**	**(148)**	**(247)**	**(247)**	**(0)**
Adjusted financial performance												
Technical				20	20		12	160	**148**	247	**247**	0
Adjusted Surplus / (Deficit)	**38**	**17**	**(2)**	**0**	**2**	**(5,577)**	**(0)**	**0**	**0**	**(0)**	**(0)**	**(0)**

Run Rate Month 08

Queen Victoria Hospital
NHS Foundation Trust

Financial Performance Month 8 2023
Run rate

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Income													
Patient Activity Income	6,739	5,918	6,541	6,105	17,567	6,395	7,482	8,313	7,142	7,770	7,691	7,685	7,537
Other Operating Income	1,076	1,108	940	1,027	(14,442)	643	(152)	(232)	771	638	(418)	591	387
Total Income	***7,815***	***7,025***	***7,480***	***7,132***	***3,125***	***7,038***	***7,329***	**8,081**	**7,913**	**8,408**	**7,273**	**8,275**	**7,924**
Pay													
Substantive	(4,497)	(4,238)	(4,482)	(4,378)	(2,720)	(4,410)	(4,281)	(4,379)	(4,259)	(4,839)	(4,196)	(4,737)	(4,539)
Bank	(281)	(272)	(301)	(327)	(348)	(252)	(281)	(329)	(416)	(373)	(359)	(430)	(295)
Agency	(72)	(52)	(66)	(82)	(122)	(64)	(121)	(29)	(88)	(122)	(84)	(125)	(110)
Total Pay	***(4,850)***	***(4,562)***	***(4,850)***	***(4,787)***	***(3,189)***	***(4,726)***	***(4,683)***	***(4,737)***	***(4,763)***	***(5,335)***	***(4,639)***	***(5,292)***	***(4,944)***
Non Pay													
Clinical Services & Supplies	(786)	(1,073)	(436)	(394)	2,018	(754)	(948)	(1,049)	(960)	(1,309)	46	(586)	(750)
Clinical Services & Supplies - Med & Surg	(825)	(562)	(677)	(163)	(718)	(503)	(567)	(610)	(713)	(127)	(778)	(763)	(811)
Drugs	(118)	(115)	(103)	(118)	(163)	(110)	(117)	(126)	(122)	(128)	(118)	(127)	(120)
Establishment Expenses	(245)	(369)	(165)	(251)	(337)	(226)	(273)	(246)	(340)	(363)	(310)	(381)	(337)
Consultancy	(9)	151	(128)	2	135	0	0	0	0	0	0	0	0
Other non pay	(407)	(508)	(1,041)	(441)	838	(414)	(437)	(590)	(557)	(687)	(874)	(698)	(474)
Total Non Pay	***(2,389)***	***(2,476)***	***(2,550)***	***(1,366)***	***1,773***	***(2,006)***	***(2,341)***	***(2,621)***	***(2,693)***	***(2,614)***	***(2,033)***	***(2,555)***	***(2,492)***
Non Operational Expenditure	(126)	(131)	54	(121)	(137)	(127)	(127)	(124)	(122)	(126)	(207)	(140)	(140)
Non Operating Income	0	0	1	2	4	8	8	8	8	9	14	15	19
Depreciation and amortisation	(413)	147	(350)	(347)	(325)	(388)	(388)	(265)	(363)	(363)	(428)	(323)	(387)
Total Expenditure	***(7,777)***	***(7,022)***	***(7,696)***	***(6,619)***	***(1,875)***	***(7,239)***	***(7,531)***	***(7,739)***	***(7,933)***	***(8,428)***	***(7,293)***	***(8,295)***	***(7,944)***
Surplus / (Deficit)	***38***	***3***	***(215)***	***513***	***1,250***	***(201)***	***(201)***	***343***	***(20)***	***(20)***	***(20)***	***(20)***	***(20)***

QVH PERFORMANCE COMMENTARY	QVH FORWARD LOOK / PERFORMANCE RISKS
Income M8 Income run rate has decreased by £0.4m **Pay** M8 Pay run rate is in line with average trend. **Non Pay** Run rate in line with expected performance.	Staffing recruitment in some areas is ongoing. The Trust expects the pay run rate to increase in future months as agreed service developments begin. Inflationary costs may increase run rate during the year, these costs may be greater than allocation. Monitoring of these costs are monitored monitored monthly by the Trust and the ICB system.

Workforce Financial performance Month 08

Queen Victoria Hospital NHS Foundation Trust

Financial Performance Month 8 2023
Workforce

	In Month WTE					In Month £'000					Year to Date £'000				
	21/22	Plan	Actual	Variance	Total Pay Variance	21/22	Plan	Actual	Variance	Total Pay Variance	21/22	Plan	Actual	Variance	Total Pay Variance
Substantive															
Admin & Clerical	270.46	313.79	277.05	36.74	5.40	(1,225)	(963)	(942)	22	(122)	(8,210)	(7,948)	(7,572)	375	(305)
Allied Health Professionals & Healthcare Scientists	156.44	183.48	168.45	15.03	7.03	(621)	(756)	(694)	62	37	(4,908)	(6,320)	(5,429)	891	690
Medical	164.03	169.86	168.42	1.44	(1.93)	(1,538)	(1,725)	(1,734)	(9)	(41)	(12,508)	(13,811)	(13,190)	621	(133)
Nursing & Healthcare Assistant	83.28	93.42	86.15	7.27	2.56	(192)	(222)	(200)	22	8	(1,592)	(1,692)	(1,670)	22	(124)
Qualified Nursing	184.55	218.90	188.63	30.27	29.35	(775)	(893)	(820)	74	48	(6,276)	(7,048)	(6,549)	499	112
Support Staff	57.43	63.68	54.04	9.64	7.36	(146)	(164)	(149)	15	10	(1,166)	(1,314)	(1,229)	84	54
Substantive Total	**916.19**	**1,043.13**	**942.74**	**100.39**	**49.77**	**(4,497)**	**(4,725)**	**(4,539)**	**186**	**(60)**	**(34,659)**	**(38,132)**	**(35,640)**	**2,492**	**295**
Bank															
Admin & Clerical	24.19	0.32	27.67	-27.35		(59)	(30)	(77)	(47)		(515)	(243)	(633)	(390)	
Allied Health Professionals & Healthcare Scientists	4.56	1.96	7.64	-5.68		(12)	(8)	(33)	(25)		(119)	(64)	(265)	(200)	
Medical	4.25	1.37	4.48	-3.11		(69)	(8)	(37)	(29)		(459)	(66)	(516)	(450)	
Nursing & Healthcare Assistant	9.91	4.69	9.40	-4.71		(26)	(17)	(32)	(15)		(201)	(140)	(286)	(146)	
Qualified Nursing	24.36	21.63	20.85	0.78		(106)	(84)	(109)	(25)		(817)	(673)	(984)	(311)	
Support Staff	3.70	1.03	3.31	-2.28		(9)	(3)	(8)	(5)		(48)	(21)	(52)	(31)	
Bank Total	**70.97**	**31.00**	**73.35**	**-42.35**		**(281)**	**(150)**	**(295)**	**(145)**		**(2,159)**	**(1,208)**	**(2,736)**	**(1,528)**	
Agency															
Admin & Clerical	1.00	0.00	3.99	-3.99		(7)	(2)	(99)	(96)		(21)	(19)	(309)	(290)	
Allied Health Professionals & Healthcare Scientists	1.55	0.00	2.32	-2.32		(4)	0	0	0		(10)	0	(1)	(1)	
Medical	1.84	0.00	0.26	-0.26		(42)	0	(3)	(3)		(214)	0	(304)	(304)	
Nursing & Healthcare Assistant	0.00	0.00	0.00	0.00		0	0	0	0		0	0	0	0	
Qualified Nursing	3.34	0.00	1.70	-1.70		(18)	(7)	(8)	(1)		(252)	(55)	(131)	(75)	
Support Staff	0.63	0.00	0.00	0.00		(1)	0	0	0		(8)	0	1	1	
Agency Total	**8.36**	**0.00**	**8.27**	**-8.27**		**(72)**	**(9)**	**(110)**	**(101)**		**(505)**	**(74)**	**(744)**	**(669)**	
Workforce Total	**995.52**	**1,074.13**	**1,024.36**	**49.77**		**(4,850)**	**(4,884)**	**(4,944)**	**(60)**		**(37,323)**	**(39,414)**	**(39,119)**	**295**	

Cashflow Report Month 08

Queen Victoria Hospital
NHS Foundation Trust

Financial Performance Month 08 2022/23

Cashflow Report

	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Forecast £'000			
	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Opening Balance	17,547	10,267	9,487	8,764	9,435	10,018	10,212	9,158	14,834	13,731	11,610	9,488
Receipts												
NHS Block & System income	6,724	6,656	6,659	6,859	7,773	8,184	7,031	12,731	6,807	6,807	6,807	6,807
Receipts from other income	553	288	274	197	596	108	173	553	237	237	237	237
Public Dividend Capital Received	0	0	0	0	0	0	0	0	0	0	0	0
PDC Cash Support Received	0	0	0	0	0	0	0	0	0	0	0	0
Total Receipts	7,277	6,943	6,932	7,055	8,369	8,291	7,204	13,285	7,044	7,044	7,044	7,044
Payments												
Payments to NHS Bodies	(4,464)	(582)	(359)	(146)	(373)	(363)	(353)	(295)	(350)	(350)	(350)	(350)
Payments to non-NHS bodies	(3,305)	(447)	(2,334)	(1,610)	(2,214)	(1,812)	(2,716)	(2,170)	(2,100)	(2,100)	(2,100)	(2,100)
Capital Payments	(2,054)	(2,054)	(25)	(43)	(666)	(97)		(228)	(300)	(1,800)	(1,800)	(1,800)
Net Payroll Payment	(2,736)	(2,434)	(2,475)	(2,575)	(2,527)	(3,041)	(2,627)	(2,743)	(2,743)	(2,743)	(2,743)	(2,743)
Payroll Taxes	(1,275)	(1,478)	(1,293)	(1,293)	(1,273)	(1,265)	(1,616)	(1,363)	(1,363)	(1,363)	(1,363)	(1,363)
Pensions Payment	(723)	(728)	(732)	(717)	(733)	(795)	(945)	(810)	(810)	(810)	(810)	(810)
PDC Dividends Payment	-	-	-	-	-	(726)			-	-	-	(847)
Loan Interest & Repayment	-	-	(438)	-	-	-		-	(481)	-	-	-
Total Payments	(14,557)	(7,723)	(7,656)	(6,384)	(7,785)	(8,098)	(8,258)	(7,608)	(8,147)	(9,166)	(9,166)	(10,013)
Net Cash Movement	(7,280)	(780)	(724)	671	583	193	(1,054)	5,676	(1,103)	(2,122)	(2,122)	(2,969)
Closing Balance	10,267	9,487	8,764	9,435	10,018	10,212	9,158	14,834	13,731	11,610	9,488	6,519

QVH PERFORMANCE COMMENTARY

- Cash balances increased in month 8 by £5.7m due to invoiced and other payment receipts from ICBs. Cash is forecast to reduce over time to meet the capital projects spend profile.
- The Trust currently holds more than adequate cash balances to meet short term operating expenditure.
- Cash balances are expected to reduce in H2 primarily to support capital programme spend.

Debtors Month 08

Queen Victoria Hospital NHS Foundation Trust

Financial Performance Month 08 2022/23

Debtors

	Nov 21 £'000	Dec 21 £'000	Jan 22 £'000	Feb 22 £'000	Mar 22 £'000	Apr 22 £'000	May 22 £'000	Jun 22 £'000	Jul 22 £'000	Aug 22 £'000	Sep 22 £'000	Oct 22 £'000	Nov 22 £'000	In Month Change £000
NHS Debtors														
0-30 Days Past Invoice Due Date	194	402	1,272	1,526	573	294	55	651	1,249	1,280	330	364	119	(245)
31-60 Days Past Invoice Due Date	252	116	300	94	97	58	266	24	13	339	1,224	61	219	**158**
61-90 Days Past Invoice Due Date	195	189	53	250	94	97	49	265	8	14	339	1,224	11	(1,213)
Over 90 Days Past Invoice Due Date	871	993	1,200	657	610	663	752	630	822	766	726	912	1,273	**362**
Total NHS Debtors	**1,511**	**1,699**	**2,825**	**2,527**	**1,374**	**1,111**	**1,122**	**1,570**	**2,091**	**2,398**	**2,619**	**2,562**	**1,623**	(939)
Non NHS Debtors														
0-30 Days Past Invoice Due Date	14	374	110	130	155	119	42	63	102	60	29	80	173	**93**
31-60 Days Past Invoice Due Date	31	26	6	64	4	38	68	6	9	1	27	0	0	(0)
61-90 Days Past Invoice Due Date	57	65	6	`	20	4	1	49	3	2	2	17	0	(17)
Over 90 Days Past Invoice Due Date	516	438	486	423	242	256	234	200	249	227	227	237	164	(73)
Total Non NHS Debtors	**618**	**903**	**608**	**617**	**420**	**417**	**345**	**318**	**362**	**290**	**285**	**336**	**338**	**2**
Total Invoiced Debtors	**2,129**	**2,603**	**3,433**	**3,143**	**1,794**	**1,528**	**1,467**	**1,887**	**2,454**	**2,688**	**2,904**	**2,897**	**1,961**	
NHS : Total NHS & Non NHS ratio	*0.71*	*0.65*	*0.82*	*0.80*	*0.77*	*0.73*	*0.76*	*0.83*	*0.85*	*0.89*	*0.90*	*0.88*	*0.83*	

QVH PERFORMANCE COMMENTARY

- The month 08 total debtor balance is £2.0m, below the running monthly average of £2.4m.
- In month 08 £1.32m of NHS debt is aged over 90 days – see below listing for key items
- Non NHS debtors were fairly steady and £73k of older debt was paid.
- At M08 : 3 external debtors owed more than £0.1m:
  - Health Education England £0.8m
  - University Hospitals Sussex NHS Foundation Trust £0.6m (mainly Plastics SLA)
  - Guy's and St Thomas NHS Foundation Trust £0.15m

Creditors Month 08

Queen Victoria Hospital NHS Foundation Trust

Financial Performance 2022/23

Trade Creditors

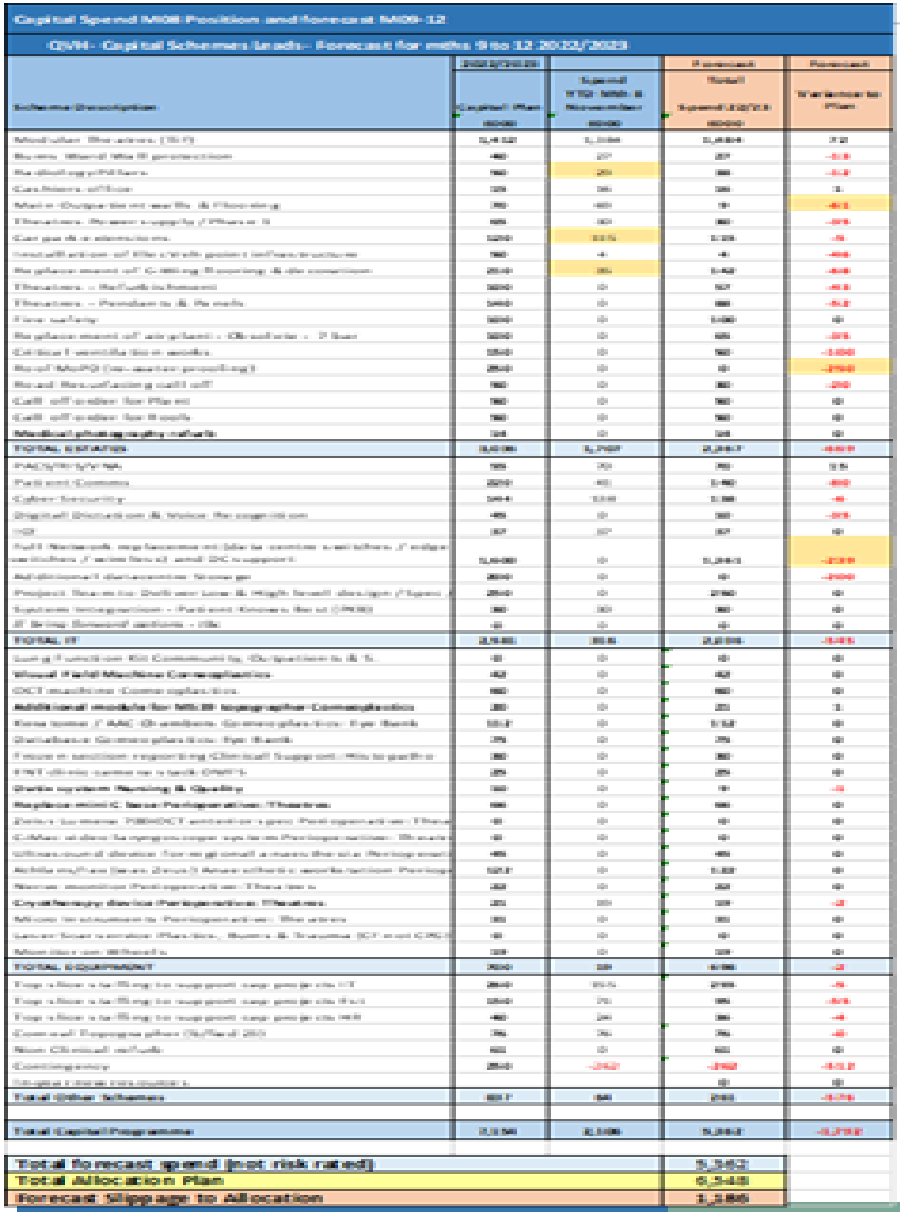
	Nov 21 £'000	Dec 21 £'000	Jan 22 £'000	Feb 22 £'000	Mar 22 £'000	Apr 22 £'000	May 22 £'000	Jun 22 £'000	Jul 22 £'000	Aug 22 £'000	Sep 22 £'000	Oct 22 £'000	Nov 22 £'000	In Month Change £'000
NHS Accounts Payable Creditors														
0-30 Days Past Invoice Due Date	93	95	190	83	291	384	86	76	50	258	392	490	382	(108)
31-60 Days Past Invoice Due Date	2	14	38	33	3	79	51	58	5	0	239	23	163	140
61-90 Days Past Invoice Due Date	17	2	27	31	24	1	11	2	58	3	(25)	232	72	(160)
Over 90 Days Past Invoice Due Date	419	424	358	380	358	517	273	247	239	286	213	185	399	214
Total NHS Accounts Payable Creditors	**530**	**535**	**612**	**527**	**676**	**982**	**421**	**383**	**352**	**547**	**819**	**929**	**1,016**	**86**
Non NHS Accounts Payable Creditors														
0-30 Days Past Invoice Due Date	465	458	772	815	4,215	979	1,100	837	770	799	1,303	795	1,038	243
31-60 Days Past Invoice Due Date	33	119	67	71	9	54	172	33	119	100	30	29	41	11
61-90 Days Past Invoice Due Date	6	25	23	15	37	3	36	140	26	23	48	12	11	(1)
Over 90 Days Past Invoice Due Date	43	53	46	60	46	50	35	38	179	185	1	10	23	13
Total Non NHS Accounts Payable Creditors	**547**	**657**	**907**	**960**	**4,308**	**1,086**	**1,343**	**1,048**	**1,094**	**1,106**	**1,382**	**846**	**1,112**	**266**
Total Accounts Payable Creditors	**1,077**	**1,191**	**1,520**	**1,487**	**4,984**	**2,069**	**1,765**	**1,431**	**1,446**	**1,653**	**2,200**	**1,775**	**2,128**	**353**
NHS : Non NHS ratio	***0.97***	***0.81***	***0.67***	***0.55***	***0.16***	***0.90***	***0.31***	***0.37***	***0.32***	***0.49***	***0.59***	***1.10***	***0.91***	

QVH PERFORMANCE COMMENTARY

- The invoiced creditors balance at month 8 is £2.1m – above the annual running average.
- NHS balances have increased in month by £0.1m due to periodic invoicing.
- Non NHS balance increased due to new invoices over £100k from - B & M McHugh Ltd (not due), ResMed (PO's waiting to be receipted) and The Mcindoe Centre (now paid)
- There is on-going proactive chasing approval for aging invoices.
- There are 3 NHS creditors with a balance over £0.1m:
- Medway NHSFT (£0.431m) Incl. disputed historic radiology SLA
- Dartford and Gravesham NHS Trust (£0.231m) disputed SLA
- University Hospitals Sussex NHSFT (£0.188m), recent and supporting data being sought.

Capital Month 08

Queen Victoria Hospital
NHS Foundation Trust



QVH PERFORMANCE COMMENTARY

- The 2022-23 ICS original allocation for the Trust was £4.9m. This has now been formally increased by £1.7m to £6.5m. The additional £1.7m will be cash funded by the Trust from previous surpluses.
- The position to date shows an underspend against plan of £1.1m. The spend phasing of the 22/23 programmed schemes is significantly weighted in quarter 4.
- Where underspends cannot be mitigated by the Trust the allocation is to return to the ICS for redistribution.
- Scheme owners have been tasked with working to produce robust Q4 forecasts and expedite those schemes already approved In order to minimize the 22/23 forecast slippage.
- In addition:-
  - A proposal to bring forward IT infrastructure from 23/24 along with accelerated IT equipment hardware is to be presented to F&P for approval.
  - Plans and business cases are in development for a number of smaller estates projects..
- The Trust has submitted a capital bid for PDC funding (cash backed) to support a new Community Diagnostics Centre £8.4m. The Business Case has recently received NHSE approval.
- Delays in the submission of capital bids to the Capital Programme Group, Business Case Review Group and potential Procurement lead times (and finite resources) could impact the Trust in the ability to deliver its capital programme. The CPG will monitor progress and spending closely.

Business case register (summarised)

Queen Victoria Hospital NHS Foundation Trust

	£ requested					£ approved			
Project Name	Capital	Annual Revenue	Total	EMT outcome	CURRENT POSITION	Capital	Annual Revenue	Total	BRR required (Y/N)
Tobacco Dependency	-	73,212	73,212	Approved	Approved at EMT	-	73,212	73,212	Y
Laser Service			-		Awaiting resubmission to BCRG			-	Y
IT Network Refresh / Infrastructure Refresh Programme	250,000	-	250,000	Reviewed for information	Approved at Trust Board	250,000	-	250,000	Y
BI Technical Lead - agency support	-	27,500	27,500	Approved	Approved at EMT	-	27,500	27,500	Y
Actiwatch Replacement Programme	-	10,438	10,438	Approved	Approved at EMT	-	10,438	10,438	Y
Critical Plant	50,000	-	50,000	N/A	Approved at CPG	50,000	-	50,000	Y
EV Enabling Works	50,000	-	50,000		FBC required for overall EV charging proposal			-	Y
Road Resurfacing	30,000	-	30,000	N/A	Approved at CPG	30,000	-	30,000	Y
Roof Repairs	50,000	-	50,000	N/A	Approved at CPG	50,000	-	50,000	Y
Plastics 2 x B4 Validators	-	30,960	30,960	Approved	Approved at EMT	-	30,960	30,960	Y
Increase of substantive hours for ultrasound post	-	22,454	22,454	N/A	Passed to Vacancy Control Panel			-	Y
CCU Pendant Repairs	-	3,959	3,959	N/A	Prior authorisation received	-	3,959	3,959	Y
C Wing Flooring and Decorating	210,000	-	210,000	N/A	Approved at CPG	210,000	-	210,000	Y
Car Park Extensions	120,000	-	120,000	N/A	Approved at CPG	120,000	-	120,000	Y
Critical Ventilation Works	150,000	-	150,000		Presented at CPG 20.10.22 - awaiting update			-	Y
Theatre Lights and Pendants	140,000	-	140,000		Approved at CPG	140,000	-	140,000	Y
Theatres Refurbishment	100,000	-	100,000		Approved at CPG	100,000	-	100,000	Y
Orthodontic Consultant Cover			-	N/A	Passed to Vacancy Control Panel			-	?
Medical Education Staffing	-	6,488	6,488	Approved	Approved at EMT	-	6,488	6,488	Y
Increased Establishment for Materials Management	-	3,547	3,547	Approved	Approved at EMT	-	3,547	3,547	Y
Activity Manager for Management of Medical Rotas	TBC	5,303	5,303		Awaiting resubmission to BCRG			-	Y
Radiology Entrance, Canopy and Columns	50,000	-	50,000	N/A	Approved at CPG: urgent presentation due to H&S concerns	50,000	-	50,000	Y
General Manager: increase in hours	-	19,929	19,929	N/A	Executive review only	N/A	N/A	N/A	N
E-Referral	-	1,200	1,200	TBC	To be presented at EMT [date TBC]			-	
Staff Grade to replace OSV Registrars (2PA 6 mth ext)	-	6,012	6,012	Approved	Approved at EMT	-	6,012	6,012	Y
Reporting Frozen Sections	22,993	-	22,993	N/A	Approved at CPG	22,993	0	22,993	Y
Parental Leave Cover (extension)	-	6,589	6,589		Awaiting amendments to proceed to EMT			-	Y
Outsourced WatchPat testing to support DM01 recovery	-	38,000	38,000	Approved	Approved at EMT	-	38,000	38,000	Y
Xray room replacement	372,000	-	372,000		Presented at CPG 20.10.22 - awaiting update in terms of CDC capital approval.			-	Y
6.5 PAs of locum backfill for sickness cover	-	15,741	15,741	Approved	Approved at EMT	-	15,741	15,741	Y
10PA Staff Grade to replace Overseas Registrars	-	79,505	79,505		FBC required.				Y
Recruitment of Specialty Doctor in OMFS	-	19,762	19,762	Rejected	To be considered as part of 23/24 BP.				Y
Recruitment of Quality Manager to Eye Bank	-	60,278	60,278		FBC required. MT to discuss with NJ re. inclusion in 23/24 BP.				Y
IT Analyst	-	34,440	34,440	N/A	Passed to Vacancy Control Panel				?
Somerset Cancer Register Interface with PAS	10,080	-	10,080		POAP to return to BCRG with additional detail requested.				Y
Somerset Cancer Register Interface with Evolve	14,806	1,370	16,176		POAP to return to BCRG with additional detail requested.				Y
Medical Photography: Establishment Review	-	35,674	35,674		POAP to return to BCRG with additional breakdown detail requested. Increased demand relating to Skin Pathway would need to be set out in separate POAP.				Y
	1,619,879	**502,361**	**2,122,240**			**1,022,993**	**215,857**	**1,238,850**	

KSO5 – Organisational Excellence

Risk Owner: Interim Director of Workforce & OD
Date 28th December 2022

Strategic Objective
We seek to be the best place to work by maintaining a well led organisation delivering safe, effective and compassionate care through an engaged and motivated workforce

Risk Appetite The Trust has a **moderate appetite** for risks that impact on Organisational Excellence . The engagement and motivation of the workforce, supported by evidence based research, will impact on patient experience

Initial Risk 3(C)x 5(L)=15, moderate
Current Risk Rating 4(C)x 4(L)=16, high
Target Risk Rating **3**(C)x 3(L) = 9 moderate

Risk
- Ongoing discussions about the future organisational form of QVH creates an uncertainty impacting on recruitment and retention of a workforce with the right skills and experience.
- The impact on recruitment and retention across the Trust leads to an increase in bank and agency costs and having longer term issues for the quality of patient care and staff engagement
- Significant challenges being seen with staffing levels in individual areas with high vacancy rates.
- Trust establishment and vacancy levels and ability to meet required activity levels
- Staff Survey results relating to WRES and WDES indicators and Metrics in relation to Bullying and Harassment

Rationale for risk current score
- National workforce shortages in key nursing areas
- Generational changes in workforce, high turnover in newly qualified Band 5 nurses in first year of employment
- 2-3 years to train registered practitioners to join the workforce
- Managers skill set in triangulating workforce skills mix against activity and financial planning
- Ensuring the National People Promise is being delivered across the organisation
- Staff survey results and SFFT staff engagement have shown stability in a challenging operational environment. The 2021 survey outcome remained stable with improvements seen for team working, however challenges are being seen in our results for our staff with protected characteristics
- Overseas nurses having a positive impact upon workforce and vacancy challenges.
- Workforce KPI's highlight workforce stability over sustained period of time
- Availability and willingness of staff to undertake additional activity with Trust initiatives such as WLI and Bank Shift Supplements
- Ongoing requirement for COVID-19 risk assessments for all vulnerable staff, with heightened risk to BAME workforce
- Staff unwilling to undertake additional activity due to pension tax implications

Future risks
- An ageing workforce highlighting a significant risk of retirement in workforce
- Many services rely upon single staff/small teams that lack capacity and agility.
- Unknown longer term impact of COVID-19 pandemic on workforce recruitment and retention
- Impact of future waves of the pandemic and associated variants including potential vaccination booster programme requirements
- Impact on workforce confidence in a sustainable future, due to uncertainty or misinformation from outside and inside the Trust related to future of the organisation
- Industrial action currently raised by 3 unions operational impact in Winter 2023

Future Opportunities
- Closer partnership working with Sussex Health and Care Partnership - ICS.
- ICB Collaboration amongst Sussex on key areas including Occupational Health, Payroll Services, Equality Diversity and Inclusion with anticipated shared resource potentially available
- Sussex ICB undertaking work to introduce a collaborative bank amongst providers to improve cost and economies of scale along with consistent approach
- Streamlining internal HR processes and procedures

Controls / assurance
- More robust workforce/pay controls as part of business planning and weekly vacancy control
- Leading the Way, leadership development programme to be revisited and launched for our staff with line management responsibilities
- Overseas recruitment successful and will be reviewed as part of business planning, improving picture
- Stay Well Team, health and wellbeing initiative to establish a Trust Wellbeing strategy

Gaps in controls / assurance
- Management competency and capacity in workforce planning including succession planning
- Continuing resources to support the development of staff – optimal use of apprenticeship levy budget

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**12/01/2023**		**Agenda reference:**	**207-23**	
Report title:	**Workforce Report –December Report – November Data**				
Sponsor:	Lawrence Anderson, interim director of workforce and OD				
Author:	Lawrence Anderson, interim director of workforce and OD Workforce and OD team				
Appendices:	None				
Executive summary					
Purpose of report:	To provide a monthly update of Workforce KPI's and organisational development activity				
Summary of key issues	Further improvements in many key workforce metrics during November. Trust vacancy rate below target of 8% for 3 months concurrently. Establishment utilisation (including bank and agency) 98.44%, within our target. Bank usage decreased slightly by 2.81 WTE and Agency usage increased by 0.65 WTE. In November staff in post increased by 2.19 WTE. Turnover reduced to 12.73% in November, improvement since May 2022 of 3.61%. Sickness absence for 2022/23 consistently around 4%, mainly driven by short term sickness, predominantly cold, cough and flu.				
Recommendation:	The Board is asked to **note** the contents of the report.				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:** ***Outstanding patient experience***	KSO2: ***World-class clinical services***	KSO3: ***Operational excellence***	KSO4: *Financial sustainability*	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:	KSO5. Trust reputation as a good employer and ensuring there are sufficient and well trained staff to deliver high quality care Engaged and motivated staff deliver better quality care (KSO1)				
Corporate risk register	Impact of potential industrial action and short term sickness absence on workforce availability				
Regulation:	Well Led				
Legal:	None				
Resources:	Managed by HR/OD with support from finance, operations and nursing				
Assurance route					
Previously considered by:	Finance and Performance Committee				
	Date:	11/01/23	Decision:	Information	
Next steps:	NA				

Workforce and Organisational Development Report

Presented by:
Lawrence Anderson, Interim Director of Workforce &OD

December 2022 (November 2022 Data)

Contents

Workforce KPI Summary

Queen Victoria Hospital NHS Foundation Trust

	KPI	Nov-21	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Establishment WTE Including Bank & Agency		1107.85	1057.42	1058.16	1057.16	1057.16	1057.16	**1057.16**	**1057.16**
Establishment WTE excluding Bank & Agency		1068.59	974.96	1026.97	1026.97	1026.97	1026.97	1026.97	1026.97
Staff In Post WTE		935.09	938.84	941.24	939.88	938.11	950.70	**952.56**	**954.75**
Agency Total worked in month WTE		11.79	8.44	8.14	8.27	10.55	9.22	**8.31**	**8.96**
Bank WTE Total worked in month WTE		77.85	66.24	67.79	74.33	74.16	72.25	**79.72**	**76.91**
Staff in Post Vacancy WTE		133.50	36.12	85.73	87.09	88.86	76.27	**74.41**	**72.22**
Vacancies % Including Bank & Agency Usage	8%	7.50%	4.15%	3.87%	3.28%	3.25%	2.36%	1.57%	1.56%
Staff in Post Vacancies %	8%	12.49%	3.70%	8.79%	8.48%	8.65%	7.43%	7.25%	7.03%
Band 5 Nurse Vacanies WTE					21.61	21.12	19.71	**21.36**	**26.05**
Band 2 & 3 HCSW Vacancies WTE All clinical and non clinical support to clinical staff					6.09	8.41	12.33	**14.93**	**0.72**
Qualified AHP Vacancies WTE					7.98	9.18	8.04	**5.68**	**-10.94**
Trust rolling Annual Turnover % Excluding Trainee Doctors	10%	15.43%	16.34%	15.28%	15.25%	14.32%	13.38%	13.60%	12.73%
Starters WTE In month excluding HEE doctors		19.04	10.04	8.85	6.80	14.90	15.71	**7.01**	**8.07**
Leavers WTE In month excluding HEE doctors		9.93	10.21	6.45	13.07	9.37	3.47	**12.27**	**7.48**
12 Month Rolling Stability % Remained employed for the 12 month period	85%	84.49%	83.20%	84.27%	84.44%	84.76%	84.77%	84.62%	82.43%
12 month sickness rate (all sickness)	3%	3.41%	4.04%	4.03%	4.15%	4.18%	4.17%	**4.17%**	TBC
12 month sickness rate of which is Long Term		1.91%	2.03%	1.96%	1.95%	1.93%	1.86%	**1.85%**	TBC
12 month sickness rate of which is Short Term		1.49%	2.01%	2.07%	2.20%	2.26%	2.31%	**2.32%**	TBC
Monthly Sickness Absence % All Sickness		4.54%	2.49%	3.55%	4.53%	3.65%	3.94%	**4.44%**	TBC

	KPI	Nov-21	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
% staff appraisal compliant	90%	81.24%	82.33%	83.30%	83.21%	84.36%	83.74%	81.72%	80.56%
% staff appraisal compliant AfC only			84.75%	86.02%	86.32%	86.50%	85.25%	83.28%	**83.28%**
% staff appraisal compliant M&D			69.28%	68.67%	66.67%	71.23%	75.31%	73.17%	**73.17%**
Statutory & Mandatory Training	90%	91.48%	91.60%	92.28%	92.54%	92.63%	91.89%	92.34%	92.16%
Statutory & Mandatory Training Bank only						0.8145	79.52%	81.69%	**81.69%**
Statutory & Mandatory Training AfC only			93.09%	93.64%	93.94%	93.67%	92.91%	93.53%	**93.53%**
Statutory & Mandatory Training M&D			85.12%	86.30%	86.47%	87.44%	87.23%	83.93%	**83.93%**

	Qtr 2 7.1	Qtr 4 (145 responses) 7.5 out of 10	Qtr 1 (157 responses) 7.4 out of 10	Qtr2 (159 responses) 7.3 out of 10
Staff Engagement (National Quarterly Pulse Survey)				

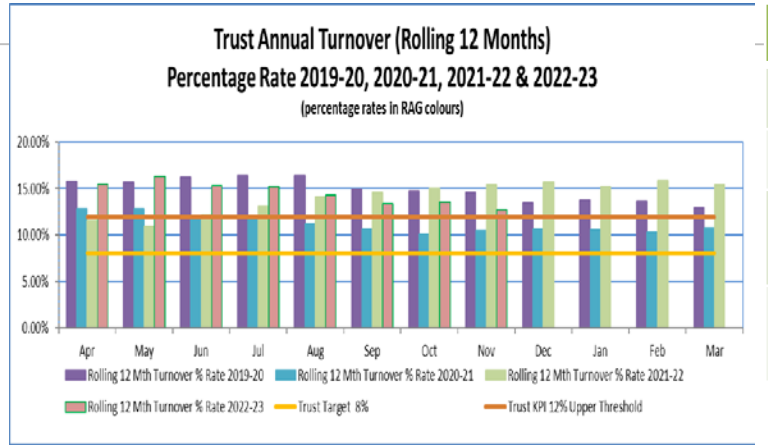
National Quartelty Pulse Survey - Treatment
Quarterly staff survey to indicate likelihood of recommending QVH to friends & family to receive care or treatment

2020-21 National Survey
Of 594 responses:
94% : 2%

Vacancies, Turnover and Stability

Queen Victoria Hospital NHS Foundation Trust

	Stage	KPI	Jun	Jul	Aug	Sep	Oct	Nov	Trend Line
T19	From Advert open to ready to start	45	65.03	64.18	72.9	84.47	56.03	70.23	
T23	From conditional offer to ready to start	18	31.77	41.62	45.2	55.4	27.3	42.6	
T16	From authorised to ready to start	53	106	68.5	119.5	62.06	66.66	93.08	
T17	From authorised to start date	70	74.13	75.75	86.9	64.18	78.15	76.73	
T1a	Time to authorise	5	5.1	7.71	4.7	1.3	6.05	1.17	
T1b	From authorised to advert live	2	4.15	1.92	1	1.5	2.65	3.77	
T4	Time to shortlist	3		7.05	5.9	12.37	12.3	6.84	



Future initiatives/Successes

- SBS payroll integration work in progress
- Average Pay – testing ongoing to bring down errors
- Applicant portal on Trac to improve applicant experience – POAP with EMT
- Position number and establishment work in readiness for business planning 2023/23

Highlights

- Increase in WTE advertised up to 86.85 in November with highest number in M&D at 35.2 WTE, followed by A&C at 12.72 and N&M at 14.5 (Periop at 30.06 and Plastics at 18)
- 12 month turnover highest in Eyes (36.02%) followed by Plastics (33.70%) and lowest at 10.2% within Operational Nursing – Trust turnover at 12.73%
- Reduction in leavers from 12.27 WTE in October to 7.48 in November with increase of 1.06 starters.
- This month stability rate is 82.43% against target of 85%
- Further 1.7 candidates being processed in plastics A&C roles with highest number of start dates booked in A&C (6.8 WTE) with M&D and N&M both at 3 WTE
- Time to shortlist improved to 6.84 days on average.

Hot Spots

- Unable to recruit to Band 3 Workforce admin role – bank currently in place to help with workload and avoid employees missing or incorrect salary. Looking at apprenticeship to grow our own
- Unable to recruit to Band 7 Medical Workforce Role – Re-advertised as developmental role band 6/7
- Time to recruit increased from 27.3 to 42.6 days in November – delays with DBS processing and paperwork not being returned by candidates. Applicant portal will considerably reduce the delays in processing excluding external agencies.

Action Plan	Owner	Due	RAG	Update
Continue to work with transition and implementation of the new payroll provider (SBS) – 1st Feb go live date	SO	Feb 23		Comms plan drafted, training commenced and conversations with outgoing provider, SBS and Workforce team to ensure seamless transfer
New integrated change forms process	SO	Jan 23		Formalising form for control and more automation with Macros.
Applicant Portal POAP with EMT – pending approval to reduce paperwork and time to hire and improve applicant experience	SO	Dec 22		POAP awaiting financial information and will go through the business case approval process.

Health and Wellbeing

Queen Victoria Hospital NHS Foundation Trust

What is a Disability?

A condition that affects an individual's ability to carry out normal day-to-day activities.

A mental health or physical condition could be considered a disability.

Disabilities can be visible or hidden – remember, it may not always be apparent that someone has a disability.

A disability can last 12 months or longer and may or may not be recurring.

Future initiatives/Successes
Project Wingman arranged 16th to 27th January 2023
Women's Health and Men's Health Networks to be established
OH, Cordell Health contract expires in May 23 – Scoping exercise for options appraisals of new provider

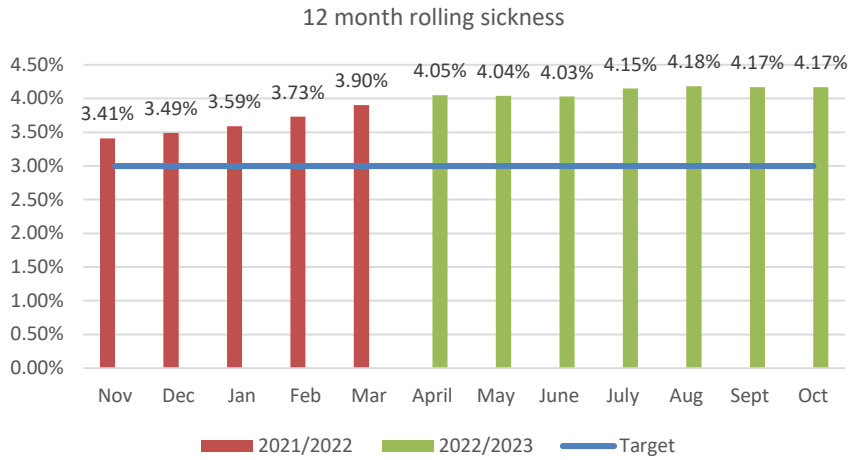
Highlights

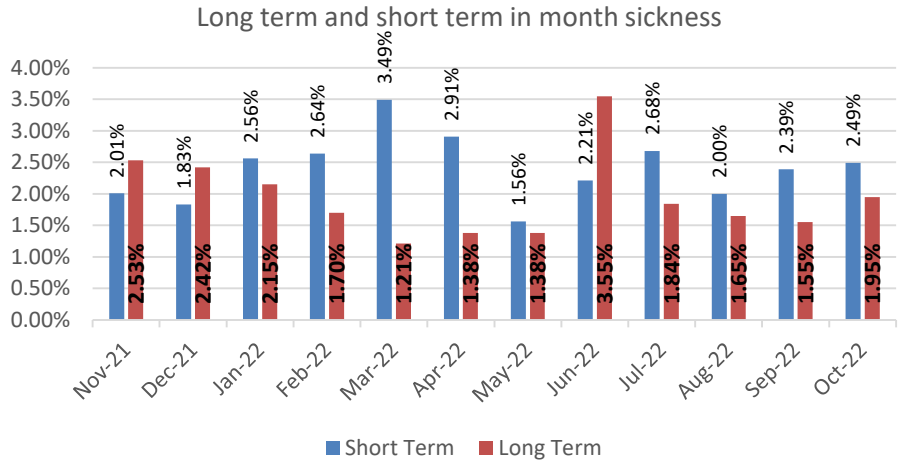
- Disability History month 16th November to 16th December including staff lived experiences
- Appointed Health, Wellbeing and Inclusion Coordinator as a dedicated resource
- Supporting the Trust to issue gift vouchers to staff in Bands 2-4 recognising the challenges of the cost of living

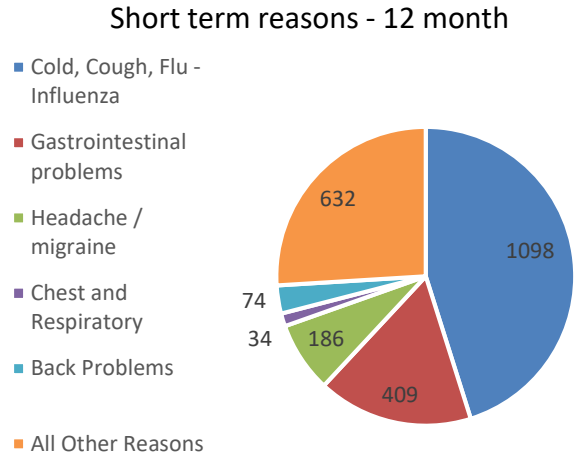
Action Plan	Owner	Due by	RAG	Update
Wellbeing Calendar to be developed (January to December 2023)	GF/ SC	31/12/22		In progress
Best Place to Work Trust-wide project (survey 14th to 30th September 2022)	GF/ CC	22/12/22		Analyse data and determine next steps; report delayed 22/1/23
Scope Women's and Men's Health Networks	GF/EF	31/12/22		
Working with OH and HWB team to support staff wellness and resilience to improve short term sickness absence	EF/GF	Ongoing		
Interfaith Awareness week 13th – 20th November 2022	SC	13/11/22		Info on interfaith week published on Qnet 14th Nov 2022
Disability History month 16/11/22 to 16/12/22	SC			Info on disability month published weekly via stay well team and one week in Qnet

Sickness absence

Queen Victoria Hospital NHS Foundation Trust







Highlights

- An increase in the winter months is synonymous with previous years and the reasons for sickness (cold, etc), however in 2022 the data does not reflect historical trend because we saw high sickness even in the summer months.
- It is assumed that external factors could lead to low resilience for example high cost of living, hardship etc.
- Short term reason of cold etc doubled from 76 to 122 in Sept and Oct 22, this was the same from Sept 21 (54) to Oct 21 (108) as expected

Hot Spots

- 12 month rolling sickness absence shows a constant increase month on month since November 2021. When considering long term and short term absences in month the figures are variable over the 12 month period.
- Long term sickness was 1.95% in month (October) and saw an increase since the previous month.
- The areas for concern of short term are Periop (3.08%), Corporate (3.0.5%), Sleep (2.79%), Clinical Support (2.77%), and Eyes (2.47%)

Future initiatives/Successes

Review NHS England improving attendance framework to expand offerings at QVH

Targeted health and wellbeing initiatives to address areas of concern

Action Plan	Owner	Due by	Progress - RAG	Update
Understand 'all other reasons' (632) for short term sickness absence	GF	Jan 2023		
Advisory team to triangulate sickness absence with health & wellbeing offerings in conversations with managers and staff in hot spot Business Units	GF	Jan 23		Advisory team arranged catch up meetings with managers
To review whether health & wellbeing initiatives/ offerings have had a positive impact on reducing sickness absences	GF	Jan 23		

OD & Learning (inc. library) and Medical Education

Queen Victoria Hospital NHS Foundation Trust

Compliance summary data up to 30 November 2022

Organisation	Count	MAST %	Change	PDR %	Change
All QVH (all perm)	1080	**92.16%**	**0.18%**	**80.56%**	**1.17%**
Non-perm (excl. hon & locum)	185	**81.37%**	**0.32%**	**N/A**	**N/A**
AfC (excl. bank)	907	**93.70%**	**0.17%**	**81.92%**	**1.36%**
Medical & Dental (excl. hon & locum)	173	**85.48%**	**1.45%**	**73.41%**	**0.24%**

PDR expiry up to 30 November 2022

Total PDR expired	M&D expired	Total PDR > 3mths	M&D expired > 3mths
210	48	78	25

Future initiatives

- Staff Survey Analysis and reports to be developed
- 5 requests for bespoke events (Recovery, CA, Peri-op Admin, Sleep, Plastics Admin, Hotel Services)
- Appraisal form review
- Two new plastic surgery registrar training posts have been offered by HEE, to start in 2023
- Volunteers to be added to ESR including competencies
- Offering Human Factors and High Performing Teams face-to-face training

Highlights

- 21 invited to November Corporate Induction (16 attended, 1 DNA and 4 W/D)
- Of 534 course bookings, 367 attended (69%) 54 DNA (10%) and 75 (14%) W/D
- Developed/delivered SMT Away Day event for HR&OD
- Delivered appraisal training for Sleep
- Planning underway for 2023 corporate monthly inductions and in-house workshops
- Planning underway for 2023 doctors inductions, new Radiology trainees to start in Dec
- Local Academic Board meeting attended by HEE took place in November

Hot Spots

- Still awaiting start date for new Guardian of Safe Working Hours – unable to recruit new Surgical Tutor for Plastics
- Requirement to spend SAS CPD money before the end of the financial year – plans being developed, including communication skills training being delivered in December.

Action Plan	Owner	Due by	RAG	Update
Create Q4 NQPS survey and launch to AllQVH	AB	Jan 2023		Currently in development
MAST policy development	KB	Jan 2023		Ready for F&P review
WEX policy and programme development	AB	Feb 2023		Policy in consultation stage (JCNC and LNC)
NHS Elect membership	LA/AB	Mar 2023		Membership utilisation to be planned for next quarter
Apprenticeship comms to widen participation	KB	Dec 2023		Stage 1 comms released. Stage 2 in development
LSM and MedEd Coordinator to be trained up and supported	AB/HM	Feb 2023		Successfully recruited to both posts
Medical Student Policy going to next LNC meeting for discussion	HM	Mar 2023		
Develop WEX resources for virtual, onsite events and placements	KB/AB	Mar 2023		

Staff Experience and Inclusion

People Promise 1: We are Compassionate and Inclusive

We are compassionate and inclusive

We do not tolerate any form of discrimination, bullying or violence.
We are open and inclusive.
We make the NHS a place where we all feel we belong.

NHS Queen Victoria Hospital NHS Foundation Trust

	Theme	2021
WRES (BME)	Bullying & Harassment or abuse from staff /colleagues	29.2% (15.3%)
	Personally experienced discrimination at work from manager or team leader	18.3% (5.3%)
	Bullying and Harassment or abuse from managers	12.9% (2.9%)
	My organisation respects individual differences e.g. culture, backgrounds etc.	66% (74.9%)
WDES	Bullying & Harassment or abuse from staff /colleagues	55.77% (44.3%)
	Extent to which org values my work	59.3% - No
	My organisation respects individual differences e.g. culture, backgrounds etc.	30.6% - No

Future initiatives/Successes

- Complete Gender Pay Gap submission and analysis report (due March 2023)
- Continue to work closely with Sussex Race Equality Transformation board - ICB
- Work closely with the Trust NED for equality and wellbeing
- Election process of Ethnically Diverse Network Chair
- Anti Racism, Anti bullying and harassment training

Highlights

- Educate the workforce on Harassment and bullying and anti-racism training program to be rolled out
- Sussex anti-racism statement launched – conversations on how to promote and bring to life in QVH
- Process for election of Chair(s) to Staff Networks issued – EDS network will pilot from January 2023
- Irregular pay project – ongoing

Hot Spots

- Working with EDS network to address areas of concern that was raised through that channel
- Impossible to do a deep dive into issues faced by ethnically diverse staff until the staff survey data is realised in Feb 2023
- Internal survey tagged 'making QVH a better place to work' was conducted in September – data is currently being stratified to support action plan

Action Plan	Owner	Due	RAG	Update
Streamline the Job evaluation process	GF/EF	Nov 22		Ongoing; draft proposal to be ratified
Scoping a cultural change program – anti bullying, harassment and discrimination training	EF	Nov		1st draft completed
QVH Pay policy – to provide a framework for consistent approach to salary offered to our people	EF	Feb 23		
QVH Trust roles policy – reasonable time off for official Trust duties and back fill	EF	Nov 22		1st draft written. Shared with colleagues for feedback
Application and SOP for election of Ethnically Diverse Network Chair	GF/ SC	30/11/ 22		Completed and issued

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**12/01/2023**		**Agenda reference:**	**208-23**	
Report title:	**Workforce Diversity Annual report 2021-2022**				
Sponsor:	Lawrence Anderson, interim director of workforce & organisational development				
Author:	Gemma Farley, head of employee relations and wellbeing Sarah Oliphant, head of resourcing, e-systems and information Annette Byers, head of organisational development and learning				
Appendices:	1. Reporting categories 2. Current workforce profile 3. Recruitment candidates 4. Learning and development 5. Employee relations				
Executive summary					
Purpose of report:	To present QVH's annual workforce diversity covering the period 1 April 2021 to 31 March 2022. This report outlines equality information published each year to demonstrate commitment to eliminate discrimination and harassment, promote equality of opportunities and foster good relations between different groups within the workforce. This annual report amalgamates and summarises individual equality reports which have previously been discussed by Trust Board. This information is approved on an annual basis at the end of the calendar year.				
Summary of key issues	The report highlights specific objectives in respect of equality priorities (section 2) and what we have done in respect of each; the diversity (section 3) of the overall workforce, job applications, learning and development, and employee relations, as well as details of equal pay and reward (taken from the annual Gender Pay Gap report), Workforce Disability Equality Standard (WDES), and Workforce Race Equality Standard (WRES) reports.				
Recommendation:	That the Board **approves** the report.				
Action required	**Approval**	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:	KSO5 has a risk identified following the 2021 staff survey results relating to WRES and WDES indicator metrics. This report highlights the issues reported to finance and performance committee and to Trust Board previously this year as a result.				
Corporate risk register:	1291 Overarching Corporate Risk - Keeping our staff engaged, motivated and supported during a time of great change				
Regulation:	Under section 149 of the Equality Act 2010 (the public sector equality duty (PSED)) and the Equality Act 2010 (Specific Duties) Regulations 2011, QVH is required to publish equality information to demonstrate compliance with the general equality duty				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	Finance and Performance Committee				
	Date:	11.01.23	Decision:		

Queen Victoria Hospital
NHS Foundation Trust

Workforce Diversity Annual Report 2021 – 2022

December 2022

Executive Sponsor: Lawrence Anderson, Interim Director of Workforce and Organisational Development

Authors: Gemma Farley, Head of Employee Relations and Wellbeing
Sarah Oliphant, Head of Resourcing, E-Systems and Information
Annette Byers, Head of Organisational Development and Learning

Contents

1 | Introduction

1.1 Foreword

Queen Victoria Hospital NHS Foundation Trust ('QVH') recognises that its workforce and patients are core to achieving its business and social responsibilities. This report aims to demonstrate progress in delivering the best possible inclusive healthcare services. Our people are our most important asset, and through workforce diversity monitoring we continue to demonstrate commitment to understanding, valuing and incorporating differences, in order to ensure a workplace that is fair, equitable and inclusive for all being the best place to work.

QVH is a small organisation with 1,100 whole time equivalent (WTE) staff (as at 31 March 2022), based in East Grinstead, with some staff based at spoke sites in Kent, Surrey and other locations in Sussex.

The Trust is duty bound by legislation to ensure everyone receives a fair and equitable service, promoting a culture of active inclusion.

The Equality Act 2010 specifically states that people should not be treated unfavourably because of nine protected characteristics:

- their age
- any disabilities they may have
- their ethnic background or race
- their gender (sex is the characteristic listed in the act)
- their gender identity (gender reassignment is the characteristic listed in the act)
- their marital status
- if they are pregnant or recently had a baby
- any religion or beliefs they may have
- their sexual orientation

Queen Victoria Hospital NHS Foundation Trust ('QVH') is pleased to present its annual workforce diversity report covering the period 1 April 2021 to 31 March 2022.

We are a small organisation with 1100 (headcount) staff (as at 31 March 2022), based at Queen Victoria Hospital site in East Grinstead, with some staff based at spoke sites in Kent, Surrey and other parts of Sussex.

We believe that an inclusive workplace, where staff, patients and community stakeholders are treated with dignity and respect, is everyone's responsibility: these and the Trust values of *Humanity, Pride, Quality and Continuous Improvement* guide the way in which we work.

Our people are our most important asset, and through this workforce diversity monitoring we continue to demonstrate commitment to understanding, valuing and incorporating differences, in order to ensure a workplace that is fair, equitable and inclusive for all.

1.2 Background

Under section 149 of the Equality Act 2010 (the public sector equality duty (PSED)) and the Equality Act 2010 (Specific Duties) Regulations 2011, QVH is required to publish equality information to demonstrate compliance with the general equality

duty. The workforce monitoring data forms part of the information that is collated, monitored and published to help ensure that equality considerations are embedded within employment policies and practices, and that they meet the Trust's responsibilities under the duty.

1.3 Scope

This report provides an overview of our equality and diversity employment monitoring data as of 31 March 2022, with a comparison to the previous year and the Kent, Surrey and Sussex population (referencing the government's most recent census data). It covers age, disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The reporting categories are detailed in the appendix.

The data relates only to staff directly and substantively employed or appointed by QVH, including those on secondment hosted by QVH; it excludes those on honorary contracts who are directly employed by other healthcare providers and those who work with the Trust but are engaged as temporary staff.

1.4 Data quality

QVH uses the national Electronic Staff Record (ESR) system to process and report on information on diversity characteristics. Upon appointment all staff are asked to share equality monitoring information, and staff have access to update any changes through the use of ESR self-service functionality. This data also feeds through to the e-learning system, where data is stored on learning opportunities taken. Job applicant / recruitment statistics are derived from the applicant tracking system (TRAC) that was introduced in July 2017.

1.5 Staff diversity declaration rates

We encourage staff to make diversity declarations. However, in line with the General Data Protection Regulations (GDPR), staff have a right to confidentiality and not to disclose equality monitoring information. Therefore, there are some areas where a proportion of statistics are unavailable due to reason of non-disclosure. Where possible the prevalence of this and impact on data validity is highlighted.

1.6 Interpreting the data

Please note the following when interpreting the data presented in this report:

- information is published in accordance with the GDPR and does not identify individuals
- where possible, information about groups of fewer than 11 individuals is not published, instead being grouped into larger categorisations
- QVH's workforce as at 31 March 2022 was 1,100 (headcount). Compared to many NHS provider organisations this is a relatively small data set and robust analysis can be problematic and not statistically representative.

2 | Equality priorities

QVH supports the national Equality Delivery System 2 initiative, which includes key areas of assurance around having 'Empowered, engaged and well-supported staff' (Goal 3) and 'Inclusive leadership at all levels' (Goal 4)[1].

Each year specific objectives are updated under these goal areas which are highlighted in the section below:

2.1 Fair recruitment and selection processes lead to a more representative workforce at all levels

We have:

- Continued the process to uplift our Disability status from Employer to Leader with status change due mid 2023
- Continue to ensure all applicants disclose Equal Opportunity Data as part of the recruitment process and any that do not return data are asked to update personally via ESR self service.
- Monitored compliance against NHS Employer checks standards in respect of equality, diversity and inclusion monitoring.
- Introduced a bank of equality questions to be used at all interviews for all staff groups and levels.

2.2 QVH is committed to equal pay for work of equal value and undertakes equal pay audits to help fulfil legal obligations

We have:

- Completed the fifth year Gender Pay gap assessment.
- Ensured every new and revised job description has been through an appropriate job evaluation process (non-medical).
- Established a new approval process for any increases in payment outside of basic pay to ensure consistency for all staff groups and bands with any decisions over pay increases.

[1] The NHS Constitution: A refreshed Equality Delivery System for the NHS EDS2 https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf

2.3 Training and development opportunities are taken up and positively evaluated by all staff

We have:

- Promoted Non mandatory and statutory (Mast) training and development opportunities to staff at all levels across the Trust
- Promoted the Trusts Funding Panel application windows to all permanent clinical and non-clinical staff to enable attendance at externally costed development.
- Continued to offer career appropriate apprenticeship programmes for all staff. In 2021/22, 40 staff were enrolled on apprenticeship programmes from levels 2 –7.
- Developed and offered 'Apprenticeship Ready' programmes to support all staff who do not presently meet apprenticeship entry criteria.
- Offered a 'Leadership and Management' development programme accessible to all staff who supervise/manage others.
- Promoted the Stepping-Up programme led by the South East Leadership Academy in conjunction with the Sussex Health and Care Partnership (SHCP) for BME staff.
- Ensured that processes are in place to enable all staff to have the opportunity of evaluating all training and development programmes offered by QVH. Any concerns raised are addressed with specific trainers to improve the quality of training delivery. 95% of evaluations received show that the programmes offered are very good/excellent.

2.4 When at work, staff are free from abuse, harassment, bullying and violence from any source

We have:

- Acted upon concerns raised in respect of perceived unprofessional conduct or behaviours
- Actively promoted channels for staff to raise concerns (anonymously if they prefer) to the Trust's Freedom to speak up guardian or to the Trust's Executive team
- Engaged with the Sussex Violence Reduction and Prevention initiative to develop a strategy to support staff with violence and abuse at work.

2.5 Flexible working options are available to all staff consistent with the needs of the service and the way that people lead their lives

We have:

- Reviewing the Flexible Retirement Policy to ensure that requests are considered fairly and in a transparent manner.
- Introduced a new Agile Working Policy across the Trust which enhances the flexible working options for staff
- Introduced specific Hot Desking areas for staff to book to allow staff to work remotely and on site with greater flexibility

2.6 Staff report positive experiences of their membership of the workforce

We have:

- Undertaken a full census survey for the National NHS Staff Survey, and integrated actions into a QVH attraction and retention plan. The staff engagement scores for WRES/WDES in the NHS 2021 Staff Survey are as follows:

RPC - QUEEN VICTORIA HOSPITAL NHS FOUNDATION (...)
NHS Staff Survey 2021 - Engagement Report (Internal)
Scores are calculated from 0 to 10

10.0
>0.4 pts above
<0.4 pts below
In between

BAME (Q25)		Org Overall 2020	Org Overall 2021	BAME 2020	BAME 2021	White 2020	White 2021
Section	Description	n = 616	n = 679		n = 94	n = 488	n = 529
Advocacy	Overall	7.9	7.9	8.3	8.0	7.9	7.9
Involvement	Overall	6.9	7.0	7.2	6.6	6.9	7.1
Motivation	Overall	7.4	7.2	8.3	7.8	7.3	7.2
Staff Engagement Score		7.5	7.4	7.9	7.5	7.4	7.4

Disability (Q28a)		Org Overall 2020	Org Overall 2021	No 2020	No 2021	Yes 2020	Yes 2021
Section	Description	n = 616	n = 679	n = 466	n = 498	n = 117	n = 135
Advocacy	Overall	7.9	7.9	8.0	7.9	7.7	7.7
Involvement	Overall	6.9	7.0	7.1	7.0	6.2	6.9
Motivation	Overall	7.4	7.2	7.5	7.4	6.7	6.7
Staff Engagement Score		7.4	7.4	7.5	7.4	6.9	7.1

Results show that BME staff are slightly more engaged (7.5) than the rest of the workforce at QVH (7.4) and particularly in the area of motivation (0.6 higher than White staff). However, BME staff are showing they feel less involved than their white counterparts (-0.5). In 2021, QVH do not have any data relating to those staff that have not declared ethnicity or disability.

Staff that have declared a disability appear less engaged (7.1 vs 7.4) and particularly in the area of motivation (6.7 vs 7.4). However, looking at year on year results QVH has seen a significant improvement in the area of involvement.

2.7 QVH Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond the organisation

We have:

- Engaged with organisations across the Sussex Integrated Care System (ICS) on regional workforce initiatives including the Turning the Tide programme staff.
- The Board has undertaken training on Allyship.
- Trust Board have committed to supporting the NHS Sussex Anti-Racism statement
- The Trust's Senior Leadership Team have actively promoted the Trust's Ethnically Diverse Staff Network, and supported the expansion of further staff networks across the organisation

2.8 Papers that come before the board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

We have:

- Reviewed the Equality Impact Assessment process and replaced with Equality Due Regard Assessments which are integral to all major decisions, requiring consideration, consultation and approval before items are considered at Board Committees

2.9 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

We have:

- Continued to offer a progressive ‘Leadership and Management’ development programme which is, accessible to all staff who supervise/manager others, including the ‘Managing Our People’ and ‘Developing Our People’ modules focusing on best practice approaches to managing people at work fairly and transparently
- Utilisation of the QVH trained facilitators (mediators) across the Trust to create more opportunities for informal resolution of sensitive issues in a timely way

3 | Diversity report

3.1 A representative and diverse workforce

Overall workforce diversity

At 31 March 2022, QVH employed 1,100 people. Below are the workforce diversity categories:

	Category	Categorisation	Headcount	Percentage
1	**Age**	<=20	7	0.64%
		21-25	44	4.00%
		26-30	79	7.18%
		31-35	136	12.36%
		36-40	131	11.91%
		41-45	133	12.09%
		46-50	132	12.00%
		51-55	152	13.82%
		56-60	139	12.64%
		61-65	112	10.18%
		>=66 Years	35	3.18%
		TOTAL	**1100**	**100%**
2	**Disability**	Yes	62	5.64%
		No	992	90.18%
		Undefined/ not declared	46	4.18%
		TOTAL	**1100**	**100%**
3	**Ethnicity**	White	866	78.73%
		BME	212	19.27%
		Unknown	22	2.00%
		TOTAL	**1100**	**100%**
4	**Gender**	Male	266	24.18%
		Female	834	75.82%
		TOTAL	**1100**	**100%**
5	**Marital Status**	Civil Partnership	8	0.73%
		Divorced	82	7.45%
		Legally Separated	11	1.00%
		Married	597	54.27%
		Single	296	26.91%

		Unknown	94	8.55%
		Widowed	12	1.09%
		TOTAL	**1100**	**100%**

6	**Religion or belief**	Atheism	178	16.18%
		Buddhism	3	0.27%
		Christianity	573	52.09%
		Hinduism	26	2.36%
		Islam	22	2.00%
		Judaism	2	0.18%
		Sikhism	6	0.55%
		Other	82	7.45%
		I do not wish to disclose	151	13.73%
		Undefined	57	5.18%
		TOTAL	**1100**	**100%**

7	**Sexual Orientation**	Gay/Lesbian/Bisexual	22	2.00%
		Heterosexual	918	83.45%
		I do not wish to disclose	100	9.09%
		Other	1	0.09%
		Undefined	59	5.36%
		TOTAL	**1100**	**100%**

QVH's workforce diversity profile as at 31 March 2022 is provided in **Appendix 2**.

In summary:

- 24.18% of our workforce are aged under 35, an increase compared to 2021 where 23.38% was reported; 26.00% are aged over 55, an increase from 25.2% the previous year; 3.18% of our workforce are over 65 which is broadly comparable to the wider public sector
- 5.64% of our workforce disclosed a disability, a significant increase from 4.67% the previous year.
- 19.27% of our workforce are from ethnic minority groups; an increase from last year's position of 18.8% and represents a year on year increase for the last 4 years; this is above the Civil Service Statistics[2] of 15.0% as at March 2022 in the wider public sector and UK workforce

[2] Statistical bulletin - Civil Service Statistics: 2022 - GOV.UK (www.gov.uk) accessed 30/12/2022

- 75.82% of our workforce are female which is insignificantly different to the previous year of 75.44% – this is significantly higher than the 67.8% of the NHS workforce[3]
- 55.00% of our workforce are married or in a civil partnership, which is a marginal decrease from last year's figure of 57.38%
- 81.09% of our workforce declared a religion or belief, up from the previous year's disclosure of 79.19%.
- Just 2.00% of our workforce declared they are gay/ lesbian/ bisexual, up marginally again from the previous year's disclosure of 1.74%.

Representation by organisational level

There is a greater percentage of staff in Bands 2 and 7 declaring a disability (8.62% and 9.17% of each Band respectively). In 2022 significantly more Medical & Dental staff declared a disability 3.30% compared to the previous year where only 1.12% made a declaration of a disability; however 9.89% chose not to make any disclosure.

BME staff represent 19.27% of the QVH workforce; an increase from 18.79% as reported the previous year. The most representation is seen amongst Medical & Dental grades where 41.76% are BME staff, although this is a marginal decrease from 2021 where the figure was 42.13%. The representation of BME staff in Band 5 was 30.99% which is insignificantly different to the previous year of 30.72%.

Female representation at senior levels has increased in the last year, with 65.79% of Band 8+ and Board positions held by women compared to 62.69% the previous year. The least female representation is consistently seen in the Medical & Dental workforce, with 41.21% representation; although an increase from 38.76% the previous year. Males make up 24.18% of the QVH workforce.

The distribution of each religion and belief is relatively consistent across pay grades and bands.

There is a consistent distribution across pay bands and grades for sexual orientation, with the least disclosure in Medical & Dental grades.

What we will do:

- continue to take positive action to attract male applicants into the workforce in non-ancillary/ senior management roles, for example in administrative work

[3] B0986_iii_Gender-Pay-Gap-Report_2021.pdf (england.nhs.uk) accessed 30/12/2022

- continue to promote positive disclosure for disability and of sexual orientation characteristics

3.2 Job applications

QVH's recruitment candidates diversity profile as at 31 March 2022 is provided in **Appendix 3**.

Recruitment to QVH is through open competition (except in certain circumstances, such as where the Trust's Organisational Change or Redeployment policies may apply) based on merit, with individuals assessed for their ability to demonstrate the required competences, knowledge and skills for the role.

QVH is committed to ensuring that all recruitment is free from unfair and unlawful discrimination. Reasonable adjustments for disabled people are made at all stages of the recruitment process, as required and on appointment. We are committed to the Disability Confident scheme, one area of which guarantees an interview for all disabled applicants who meet the criteria for a job vacancy and to consider them on their merit. The Trust has commenced the process to become a Disability Confident Leader to further enhance our commitment to fairness throughout the full recruitment process.

For non medical successfully appointed staff the age range continues to be spread across all age groups with the highest age group being 40 to 44 at 48.21% , and medical seeing the majority at a higher range than last year at 35 to 39. With a drop to 40% of candidates aged under 20 being successfully appointed from 66.7% last year and only 27.27% within the 45-49 age range for non medical staff and 60%; with the highest % of medical staff appointed at 80% in the 20-24 age range. There remains disproportionally higher appointees in the 65+ age range with 87.5% for non medical and 100% for Medical. Those applying for a job role for non medical roles is not as evenly distributed as last year albeit the lower numbers remain in under 20 and 65+ (39 and 11 retrospectively), the highest number of non medical applicants remains in the 25 to 29 age group at 661.

Number attending interview have increased vastly for non medical compared to the last 2 years with the 317 individuals between the age of 25 and 55 (495% increase).

A slight reduction to 66.67% of candidates who declared a disability at application where invited to interview (28 candidates), however an increase in the % appointed to 37.12% compared to 18% last year. This could be due to more focus in equality in

recruitment training to managers and the better understanding of reasonable adjustments in the workplace, along with the national increase in mental health being declared as a disability encouraging applicants to freely declare a disability. However there remains a 100% appointment from interview for those who have not answered the question.

The number of applications received from those declaring themselves from either a white or black background remain at similar numbers (885 white / 925 black), however there was more disparity from application to shortlisting with 175.86% of those declaring themselves white and 80.71% black. Between white and all other ethnic backgrounds there was higher gap at appointed with an average of only 64.98% of all other ethnic groups being appointed from interview compared to 123.06% white.

Females continue to be proportionately more likely to apply for a job role with this variation being significant throughout the process and a slight increase in difference of 12.10% difference at appointment stage, with a reduction in difference at applicant stage of 40.14%.

There remain no concerns that arise out of recruitment data for those who expressed a religion or belief, with all volumes being in reasonable data fluctuations or statistically insignificant as one individual could account for a 15% variation.

There continues to be small volumes of those disclosing that they were lesbian, gay, bisexual and transgender (LGBT), no statistically valid conclusions can be drawn.

What we will do:

- Redesign and write updated Recruitment and Selection Training splitting it into stages of the process to include Unconscious Bias and Equality in Recruitment specific training; making all elements mandatory for all staff Band 5 and above who are likely to be part of the recruitment process and ensuring at least one member of shortlisting and interview panel to have attended the training in order to guide colleagues.
- Continue to build the BAME network for interview and shortlisting panels for all roles at 8a and above and Medical Consultants; and build on the bank of equality relating interview questions
- Attend more online recruitment campaigns within Job Centre and local Higher Education providers for more targeted drives.
- Hold more onsite targeted recruitment open evenings to allow potential candidates to view our site and the role before applying.

3.3 Access to learning and development

QVH's learning and development diversity profile reports as at 31 March 2022 are provided in **Appendix 4**.

QVH continues to develop and promote initiatives to build the capacity, capability and expertise of its people to deliver high-quality outcomes for all. In order to invest in our people, QVH has a range of development opportunities to enable staff to grow and perform at their best. This includes continuing professional development, specialist courses and qualifications funded through the apprenticeship levy and the Funding Panel.

QVH's learning and development diversity profile reports include external and internal non-MAST training and development including Funding Panel approved applications, apprenticeships and SHCP Leadership, talent and OD data relevant to QVH. During 2021/22, QVH recorded that 39% of the permanent workforce undertook some form of agreed learning to support their personal or professional development. Analysis has shown the following:

- Staff under the age of 30 show relatively consistent levels of training and development to the corresponding workforce proportion. Those in the age brackets 26-40 and 51-55 are more likely to undertake training and development than other age groups. Staff aged over 56 are the least likely to undertake non-MAST training and development.
- The number of staff declaring a disability who have completed non–MAST development has increased, from 4% in 2020/21 to 6% in 2021/22. This figure is consistent with the workforce headcount of 6%. However, no staff declaring a disability were enrolled in apprenticeships in 2021/22.
- In 2021/22 non-Mast attendance for BME staff as a percentage of total attendees was 21%. This represents a slight increase on the 2020/21 figure of 20% and shows relatively consistent levels of training and development to the corresponding workforce proportion. The number of BME staff undertaking apprenticeships increased from 6% of all apprenticeships in 2020/2021 to 10% of all apprenticeships in 2021/22
- In 2021/22 females were more likely to undertake development than males, with females at 90% of total enrolments against a workforce headcount of 76%.
- The religion/belief of staff shows no strong correlation with likelihood of enrolment
- There are no statistically relevant variations by sexual orientation. However, there is a sizeable proportion of staff who have not disclosed their sexual orientation which may be impacting on the results.

What we will do:

- Continue to refine the capture of diversity information for non-MAST training and development to enable more complete data for analysis
- Engage with staff in protected groups to promote training and development for all particularly apprenticeship opportunities.
- Promote opportunities from across the integrated health care system to staff at QVH

3.4 Employee relations

QVH's employee relations diversity profile as at 31 March 2022 is provided in **Appendix 5**.

The minimal number of formal disciplinary, formal capability cases, and formal grievance cases, makes meaningful analysis of these cases in year challenging.

However, sufficient numbers of 'Supporting Health in the Workplace' cases (both informal and formal) suggests the following:

- There is a slightly higher proportion of cases managed under the Trust Policy in the 56-60 (n=77, 55% of applicable staff in this age bracket in the workforce) and 51-55 (n=68, 45%) age brackets; which are reflective of the proportion of the total workforce (Appendix 2: 1 Workforce age profile).
- Those disclosing a disability are twice as likely to have health issues managed under Trust Policy (53% of applicable Disabled staff compared to 38% of non-disabled)
- There are no statistically relevant variations by ethnicity for management of attendance, though the small numbers of disclosure suggests BME staff are less likely to be managed under the Policy (16% of applicable BME staff compared to 44% of white staff)
- Females (n=363, 33% of overall workforce (n=1,100)) are proportionately more likely to have absences managed under the Trust's Policy compared to males (17%, n=58, 5% of overall workforce)
- There are minimal statistical variations in cases managed under the Trust Policy by religion or belief (Atheism, Buddhism, Christianity, Other, Undefined/ I do not wish to disclose)
- There are no statistically relevant variations by sexual orientation for supporting health in the workplace, though the small numbers of disclosure suggests those disclosing bisexual/ gay/ lesbian orientation (n=22) may, if anything, be more

likely to be managed under the Policy as a percentage of applicable staff (82% compared to 38% heterosexual applicable staff).

What we will do:

- Deliver a new training offer to all managers as a workshop to provide a practical approach to managing people in the workplace including through Trust policies such as Supporting Health in the Workplace, Managing Conduct, Managing Performance, Flexible Working, Grievance, and Dignity & Respect at Work. The session will focus on having meaningful and supportive conversations with techniques and skills to proactively and effectively manage and support staff.
- Assess individual cases where a declared disability for assurance of fair and proportionate management in line with Trust Policy, with a particular focus on section 12.7 ‘Support for staff with disabilities and long term health conditions’.

3.5 Equal pay and reward

QVH’s Gender Pay Gap report is available on the Trust’s public website[4].

QVH reported on its gender pay gap using the national criteria:

- Mean gender pay gap
- Median gender pay gap
- Mean bonus gender pay gap
- Median bonus gender pay gap
- Proportion of men and women employees receiving a bonus payment
- Proportion of men and women employees in each pay quartile

‘Gender pay gap’ means the average difference in pay between men and women.

‘Bonus gender pay gap’ means the average difference in the amount of bonus payments given to men and women.

The **mean** is the sum of all the numbers in the set divided by the amount of numbers in the set.

The **median** is the middle point of a number set, in which half the numbers are above the median and half are below.

This report is a snapshot of pay taken with effect from 31 March 2021. There were a total of 1,090 employees at QVH, of which 822 were women (75.4%) and 268 men.

[4] QVH gender pay gap report 2021 https://www.qvh.nhs.uk/about-us/publications-policies/equality-schemes-and-data/

Hourly rate

In 2021, QVH's **mean** gender pay gap was 35.3% in favour of male employees. The **median** pay gap was 32.4%.

It is important to stress however that Agenda for Change and the Medical and Dental national Terms and Conditions provide pay frameworks on the basis of equal pay for work of equal value.

QVH is broadly comparable to all other NHS Acute hospitals where both **mean** and **median** pay gaps are significantly affected by the presence of the Medical Consultant body. This is because of their high base wage and the historical legacy of the profession originally being male dominated.

In respect of Agenda for Change staff only, there is no pay difference in the **median**, however the **mean** average can be seen as the more accurate reflection at 11%. This equates to men being paid £2.03 an hour more.

It is encouraging to see both the **mean** and **median** average pay gap percentage has typically decreased year-on-year since 2017.

	2017	2018	2019	2020	2021	Reduction over 5 Years
Mean Pay Gap	37.10%	35.90%	34.40%	35.90%	35.30%	**1.80%**
Median Pay Gap	40.60%	39.90%	27.90%	32.10%	32.40%	**8.20%**

Pay quartiles

The pay quartiles show the number of women and men in each quarter of the employer's payroll.

Quartile	Total female	Total male	Female	Male
Lower	254	48	84.1%	15.9%
Lower middle	248	50	83.2%	16.8%
Upper middle	261	46	85.0%	15.0%
Upper	166	137	54.8%	45.2%

The current yearly trend is the Trust is employing more women across the Lower, Lower Middle and Upper Middle quartiles however, there are fewer women proportionally employed in the upper quartile.

Bonus pay

Bonuses include a 'new starter premium' for hard-to-fill specialist roles, and the national Clinical Excellence Awards (CEAs) initiative for Consultants.

In 2021, QVH made bonus payments to 51 (4.7%) members of the overall workforce, of whom 18 (1.7%) were female and 33 (3.0%) were men.

In respect of Clinical Excellence Awards, it is only the Medical Consultant body that are entitled. There are 63 male Consultants and 25 female Consultants in the workforce at QVH. Considerably more males (n=30) compared to females (n=9) received bonus pay.

In relation to the whole workforce, this equates to 12.3% of males (33 out of 268) being awarded a bonus payment, and 2.2% of females (18 out of 822). On average male employees received £6,363.84 more in bonuses than females; a **mean** bonus gap in favour of male employees of 34.3% and a **median** of 68.0%.

The new starter premium schemes in the reporting period amounts to £14,000; of which 78.6% (£11,000) was granted to females and 21.4% (£3,000) granted to males. The sum paid for the new starter premium was the same regardless of gender therefore the **median** was equal. The **mean** was in favour of females by 10%.

The CEA payments totalled £507,182.66; of which 80.5% (£408,355.88) was awarded to males and 19.5% (£98,826.78) awarded to females, which is proportionally less in terms of **mean** (10.7%) and **median** (15.5%) average bonus pay compared to males.

What we will do:

The 2019 action plan to address is ongoing:

- The plan stated we would encourage more female workers to apply for Clinical Excellence Awards, however in light of the COVID-19 pandemic the local Clinical Excellence award process has been amended nationally to reward all consultants equally
- Explore how we can better promote our vacancies in senior positions to women and organisations that support women
- Undertake policy and process review regarding Salaries and Wages ahead of expiry to ensure there is no gender bias in the starting salaries of new employees and regularly monitor

3.6 Workforce Disability Equality Standard (WDES)

QVH's Workforce Disability Equality Standard (WDES) report is available on the Trust's public website[5].

The WDES is mandated for all Trust in England with the aim of furthering equality and inclusion for Disabled staff in the NHS. It is a collection of ten metrics that aim to compare the workplace and career experiences of Disable and non-disabled staff through stages of the employment journey. The annual report contains a snapshot comparison between 1 April 2021 and 31 March 2022, and highlights the improvements that have been seen and the areas that may require further action.

[5] Workforce Disability Equality Standard (WDES) 2021/22 report https://www.qvh.nhs.uk/about-us/publications-policies/equality-schemes-and-data/

Overall Workforce

Overall in 2022, 95.7% of the workforce had declared their Disability status and 5.4% had identified as Disabled.

Metric 1 - Percentage of staff in AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce

Compared to the overall workforce, in the non-clinical workforce there is a higher representation of Disabled staff in 2022 in Bands 1-4. The least number of Disabled staff are represented in Bands 8c-9 & VSM. Compared to the overall workforce, there is a greater representation of Disabled staff in the clinical workforce Bands 5-7 and the least number of Disabled staff are represented in Bands 8a-8b and Medical & Dental Non-Consultant career grades.

There is a better representation of Disabled staff in the non-clinical roles (5.9%) compared to clinical roles (5.1%). Bands 1-7 in both clinical and non-clinical roles have a higher than expected level of representation of Disabled staff (compared to the overall number of Disabled staff in the workplace at 5.4%).

Bands 8c-9 & VSM in clinical roles has the highest level of representation of Disabled staff in the clinical workforce, which is a higher than expected level of representation compared to the overall number of Disabled staff in the workplace. There has been minimal change to the number of Disabled staff in non-clinical roles between 2016 (6.2%) and 2022 (5.9%). There has been a marked increase to the number of Disabled staff in clinical roles between 2021 (4.0%) and 2022 (5.1%)

Metric 2 - Relative likelihood of non-disabled applicants compared to Disabled being appointed from shortlisting across all posts

The relative likelihood of non-disabled candidates being appointed from shortlisting compared to Disabled candidates is 0.68 times greater. In this instance, the data suggests non-disabled candidates are more likely than Disabled candidates to be appointed from shortlisting. The data indicates an improvement in this in 2022 as there is a greater relative likelihood of Disabled candidates being appointed from shortlisting.

The Trust does not share personal or equal opportunities data with managers at the shortlisting stage to remove potential bias in the recruitment process. Applicants are however able to apply under the guarantee interview scheme (Two Ticks); meaning if an applicant meets all essential requirements in the person specification for a role they are invited to interview. Appointing managers are alerted when they complete shortlisting if they have not moved an applicant who has applied under this scheme through to interview, to allow them to review the application if required.

QVH became a disability confident employer (Level 2) in February 2020 to show our commitment to equal opportunities to all applicants. The disability confident scheme supports QVH to attract Disabled candidates in our local community by promoting our membership on all recruitment adverts, public website and recruitment paperwork. The scheme also provides us with the tools to help support an employee who may become disabled whilst employed by us.

Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into a formal capability procedure

At QVH there is a minimal caseload of formal capability on the grounds of performance, rather than ill-health. The metric is based on data from a two year rolling average of the current year and the previous year. We are unable to state the relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff in 2022 as there were no Disabled staff being managed in line with a formal capability process.

Metric 10 – Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated

There was one Disabled staff representation of voting Board members in 2022 which was the same as in 2021. There is a better representation of Disabled staff among the total Board (8%) in 2022 when compared to the overall workforce (5%).

There is a significantly better percentage representation of Disabled staff among the voting members of the Board (25%) when compared to the overall workforce. However, when considering these statistics it is important to remember that the Board consists of just 12 members, with 4 voting members. Therefore, any variations will appear more significant than they otherwise would in larger groups.

NHS Staff Survey

QVH surveyed 1056 eligible staff in 2021 compared to 1059 in 2020. Of these, 679 responded making a 64.5% return, an increase from 58.7% the year before.

The following metrics (4-9a) include the 2018-2021 organisation results (for q4b, q11e, q14a-d, q15, and q28b) split by staff with a long lasting health condition or illness (Disabled) compared to staff without a long lasting health condition or illness (non-disabled). It also shows results for the staff engagement score and the overall engagement score for the organisation.

The WDES breakdowns are based on the responses to q28a 'Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?'

Metric 4 – a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i) Patients/ service users, their relatives or other members of the public (patients, etc.)

The percentage of Disabled staff that experienced harassment, bullying or abuse for this category in 2021 was 30.1% which is considerably more (13.5%) than non-disabled staff where 16.6% responded that they had this experience.

ii) Managers

The percentage of Disabled staff that experienced harassment, bullying or abuse from managers in 2021 was 13.5% which is 5.6% more than non-disabled staff where 7.9% responded that they had this experience.

iii) Other colleagues

The percentage of Disabled staff that experienced harassment, bullying or abuse from other colleagues in 2021 was 22.6% which is 7% more than non-disabled staff where 15.6% responded that they had this experience.

Although there are comparatively small percentage differences in the experience between Disabled and non-disabled staff in the data above, it is unacceptable that Disabled staff experience harassment, bullying or abuse from patients, etc, managers and other colleagues more than non-disabled staff.

Metric 4 – b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

The percentage of Disabled staff that said the last time they experienced harassment, bullying or abuse at work they or a colleague reported it in 2021 was 55.8% which is significantly less by 8.5% compared to only 47.3% of non-disabled staff who responded.

In the period there were no employee relations casework records (Source: ESR) of staff having raised allegations of discrimination at work from manager/ team leader or other colleagues. Although it is encouraging that Disabled staff said they or a colleague have report experiences of harassment, bullying or abuse at work, it is not acceptable that they have had this experience in the workplace.

Metric 5 – Percentage of Disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion

The percentage of Disabled staff believing that the organisation provides equal opportunities for career progression or promotion in 2021 was 57.8% which is a nominal 1.1% less than non-disabled staff (58.9%).

It is encouraging to see that staff are saying that they feel that there is equal opportunity for promotion and progression in the staff survey however this is not being supported when analysed against the data for internal promotions through open recruitment competition (Source: Trac)

Metric 6 – Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

The percentage of Disabled staff that said they had felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, in 2021 was 31.8% which is significantly higher (14.1%) than non-disabled staff where 17.7% responded they had felt pressure.

It is unacceptable that Disabled staff and non-disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. It is concerning that Disabled staff have felt more pressure compared to non-disabled staff to come to work when not feeling well enough.

Metric 7 – Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work

The percentage of Disabled staff that said they were satisfied with the extent to which the organisation values their work in 2021 was 40.7% compared to 51.8% of non-disabled staff; who are therefore 11.1% more satisfied.

It is concerning that Disabled staff and non-disabled staff have said that they are not satisfied with the extent to which the organisation values their work, however this gap between disabled and non-disabled staff has remained consistent since 2018.

Metric 8 – Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

The percentage of Disabled staff that said their employer has made adequate adjustment(s) to enable them to carry out their work in 2021 was 80.7%.

Metric 9a – The staff engagement score for Disabled staff compared to non-disabled staff and the overall engagement score

The overall engagement score for Disabled staff in 2021 was 7.1 and for non-disabled staff it was 7.4.

Metric 9b – Has the organisation taken action to facilitate the voices of Disabled staff to be heard?

Yes:

- Recruitment process – Disabled applicants are guaranteed interview if they meet a percentage of the criteria as part of being a Disability Confident Employer. Reasonable adjustments to enable candidates to attend interview.
- Organisation Development interventions – accessibility requirements identified when implementing the OD intervention, such as method of programme delivery can be offered in various formats.
- Employee Relations – such as response to Occupational Health recommendations for reasonable adjustments in the workplace, engagement with Access to Work, etc.

What we will do:

- Monitor shortlisting process ensuring candidates who declare a Disability under the Two Ticks scheme are invited to interview fi they meet all essential requirements
- Introduction of disability awareness in recruitment including "what is a reasonable adjustment"
- To increase workplace satisfaction of Disabled staff through initiatives such as:
    - Reasonable adjustments and closer working relations with Access to Work, etc.
    - Improve opportunity for flexible working across the Trust
    - To give Disabled staff a voice – Disabled staff network
    - Educate and support our people to be proactive in their health and wellbeing
- Targeted career development opportunities for Disabled staff
- Implement NHS People Promise – We are safe and healthy
    - Training/ framework in respect of neurodiversity
    - Line manager disability awareness training (deaf awareness, autism awareness, sight awareness)
    - All staff disability awareness promotion/ training

3.7 Workforce Race Equality Standard (WRES)

QVH's Workforce Race Equality Standard (WRES) report is available on the Trust's public website[6].

The WRES programme has now been collecting data on race inequality for seven years, holding up a mirror to the service and revealing the disparities that exist for black and minority ethnic staff compared to white colleagues. The WRES uses statistical data to demonstrate the experience and outcomes for BME staff compared to white staff through many stages of the employment journey. The standard requires NHS Trusts to develop action plans to address any areas of inequity that the data highlights.

The annual report contains a snapshot comparison between 1 April 2021 and 31 March 2022, and highlights the improvements that have been seen and the areas that may require further action.

Overall Workforce

[6] Workforce Race Equality Standard (WRES) 2021/22 report https://www.qvh.nhs.uk/about-us/publications-policies/equality-schemes-and-data/

The percentage of Black or Minority Ethnic (BME) staff within the workforce has increased as a proportion of the total workforce from 18.8% in 2020/21 to 19.27% during this period.

Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

There has been an 83.33% increase in the number of BME staff in non-clinical roles between 2016 to 2022. This reporting period has seen the first BME staff member in a VSM role and Band 8d role. However, across all non-clinical roles there is a low representation of BME staff. Band 8b and 8d in non-clinical roles have a higher level of representation of BME staff compared to the overall number of BME staff in the workplace. However, it is important to note that the number of staff in these roles are lower than other bands (3 and 2 respectively), resulting in small variations appearing more significant than in larger groups.

As a result of the NHS AfC (Agenda for Change) terms and conditions of service contract refresh, there was a migration of staff from Band 1 to 2 and therefore these two Bands can be combined when considering previous years.

There is a better representation of BME staff in clinical roles (25.1%) compared to non-clinical roles (8.5%). Compared to the overall workforce, there is a higher representation of BME staff in Band 3-4, 5-7 and medical grades. The least number of BME staff are represented in Band 8a to 9, however, it is important to note that the number of staff in these roles are small (each below 5, with only 1 member of staff in Band 8d and VSM clinical roles), resulting in variations appearing more signification than in larger groups. There has been a 58.41% increase in the number of BME staff in clinical roles between 2016 to 2022 which is a year-on-year increase in the representation of BME staff in the overall workforce.

Indicator 2 - Relative likelihood of applicants being appointed from shortlisting across all posts

The relative likelihood of white candidates being appointed from shortlisting compared to BME staff is 1.27 times greater. In this instance, the data suggests white candidates are more likely than BME candidates to be appointed from shortlisting. The relative likelihood of white applicants being appointed from shortlisting compared to BME staff has decreased from 2016 (2.08) to 2022 (1.27).

The data suggests that the relative likelihood of white applicants being appointed from shortlisting compared to BME staff has been consistently greater between 2016 and 2022.

Indicator 3 – Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

At QVH there is a minimal caseload of formal disciplinary processes. The indicator is based on data from a tow year rolling average of the current year and the previous year. We are unable to state the relative likelihood of BME staff entering the formal

disciplinary process compared to white staff in 2022 due to the minimal numbers. The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has been variable between 2016 and 2022. However, the data over the 7 reporting years suggests that this has reduced between 2016 and 2020 (3.25 and 1.27).

Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD

The relative likelihood of white staff accessing non-mandatory training or CPD compared to BME staff is 0.89 times greater. In this instance, the data suggests white staff are more likely than BME staff to access non-mandatory training or CPD.

Indicator 9 – Percentage difference between the organisations' Board voting membership

There was no BME representation of voting Board members in 2022 or 2021. This demonstrates a -19.3% difference compared to BME representation in the workplace at 19.3%.

There is a low level of representation of BME staff in the Board overall at 8.3% compared to the overall number of BME staff in the workplace. However, it is important to note that the Board is comprised of only 12 members, with 4 voting Executive members.

NHS Staff Survey

QVH surveyed 1056 eligible staff in September 2021 compared to 1059 in 2020. Of these, 679 responded making a 64.5% return, an increase from 58.7% the year before.

The following indicators (5-8) include the 2017-2021 organisation results (for q14a, q14b&c combined, q15, and q16b) split by ethnicity (by white and BME staff).

Indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months

The percentage of white staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months was 20% which is 4.6% more than BME staff (15.4%). Although overall 80.4% of the workforce at QVH have not had experience of bullying, harassment or abuse from this group, it is unacceptable that 19.6% have this experience. In the previous 5 years, there has been a marked reduction (15%) in the number of BME respondents reporting experience of bullying, harassment or abuse from patients, relatives or the public in the last 12 months.

Unfortunately staff incident reporting records (Source: Datix) have not seen any reports of harassment, bullying, or abuse from this group which would enable the Trust to take action at the time of the incidents.

Indicator 6 – Percentage of staff experiencing harassment, bullying, or abuse from staff in the last 12 months

The percentage of BME staff experiencing harassment, bullying, or abuse from staff in the last 12 months was 36.0% which is 16.4% more than white staff (19.6%). This is a significant number of staff.

Unfortunately there was no record of BME staff reporting harassment, bullying or abuse in the last 12 months when looking at the employee relations casework records (Source: ESR) and therefore the Trust has not had the opportunity to address any incidents at the time of occurrence.

Indicator 7 – Percentage believing that the Trust provides equal opportunities for career progression or promotion

There is a disparity in the equality of opportunities for career progression or promotion between white and BME staff, where the percentage of white staff is 11.9% higher than BME staff. It can be seen that 21.8% of staff recruited through open competition (source: Trac) and therefore promoted internally were BME staff compared to 78.2% white staff. However, it is important to note that not all internal promotions are recruited in this manner and therefore may not be captured within this data.

On average, 8.7% more white respondents have reported a belief that the Trust provides equal opportunities for career progression and promotion when compared to BME respondents over the previous 5 years.

Indicator 8 – Percentage of staff experiencing discrimination at work from manager/ team leader or other colleagues?

There is a greater disparity in the percentage of BME staff (18.3%) experiencing discrimination at work from managers/ team leaders or other colleagues compared to white staff (5.2%). This is a significant variance of 13%.

The data suggests that the incidence of discrimination experienced by BME staff from managers or team leaders has reduced from 2020 (23.2%) to 2021 (18.3%). In the previous 5 years, BME staff have consistently reported a significantly higher incidence of discrimination from managers or team leaders (an average of 11.8% more).

What we will do:

- Trust to launch the Integrated Care Board (ICB) anti-racism statement and promote throughout QVH
- Monitor shortlisting process to ensure equal opportunities given and challenge managers where candidates not shortlisted
- Develop equality and unconscious bias training as a mandated requirement for all managers
- Introduction of developmental roles including direct appointment
- Implement NHS people Promise – compassionate and inclusive
    - All staff diversity and inclusion training to close the reality gap
    - All staff bullying, harassment and incivility in the workplace training

- Build closer working relationships with Freedom to Speak Up Guardian and Guardian of Safe Working
- To increase workplace satisfaction of BME staff through initiatives such as
    - Encouraging staff to have a voice – Ethnically Diverse Staff (EDS) network and confidential helpline, etc.

Appendix 1 | Reporting categories

Our reporting categories are defined as follows:

1 Age

Staff members are categorised into one of eleven age groups:

<=20
21-25
26-30
31-35
36-40
41-45
46-50
51-55
56-60
61-65
>=66 Years

2 Disability

Staff are asked whether they consider themselves to be disabled under the definitions of the Equality Act 2010. Staff members were asked to select one of the following:

Yes
No
Undefined/ not declared

3 Ethnicity

Staff members were asked to classify themselves on the basis of the Census 2011 categories of ethnicity:

White

- English / Welsh / Scottish / Northern Irish /British
- Irish
- Gypsy or Irish Traveller

Any other white background

Mixed / multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian

Any other mixed/multiple ethnic background

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese

Any other Asian background
Other ethnic group
- Arab

Any other ethnic group
Black/African/Caribbean/ Black British
- African
- Caribbean

Any other Black / African / Caribbean background

To be consistent with the WRES reporting, these were then grouped into the following categories for the purposes of this report:

White
BME
Unknown

4 Gender
This is recorded as male or female.

The recruitment process gives the applicant the option to not state or not disclose their gender.

Gender reassignment
Staff members have not historically been asked to report transgender status as part of equality monitoring arrangements. The applicant tracking system provides us the ability to capture this, and as such this data is currently only available in the job applications section, but no data was disclosed by applicants in the reporting period.

5 Marital status
Staff members were asked to classify themselves in the following categories of marital status:

Civil Partnership
Divorced
Legally Separated
Married
Single
Unknown
Widowed

Pregnancy / Maternity
This is recorded as either pregnant/ on maternity leave, or other. Staff members have not historically been asked to report this status throughout their employment

journey at QVH, and data is currently only available as those having taken maternity leave when in employment.

6 Religion or belief

Staff members were asked to classify themselves into following categories of religion or belief:

- Atheism
- Buddhism
- Christianity
- Hinduism
- Islam
- Jainism
- Judaism
- Other
- Sikhism
- Unspecified
- Prefer not to say/ I do not wish to disclose

These were then grouped into the following categories for the purposes of this report:

Atheism
Buddhism
Christianity
Hinduism
Islam
Judaism
Sikhism
Other
I do not wish to disclose
Undefined

Sexual orientation

Staff members were given the options of:

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Not stated
- Unspecified

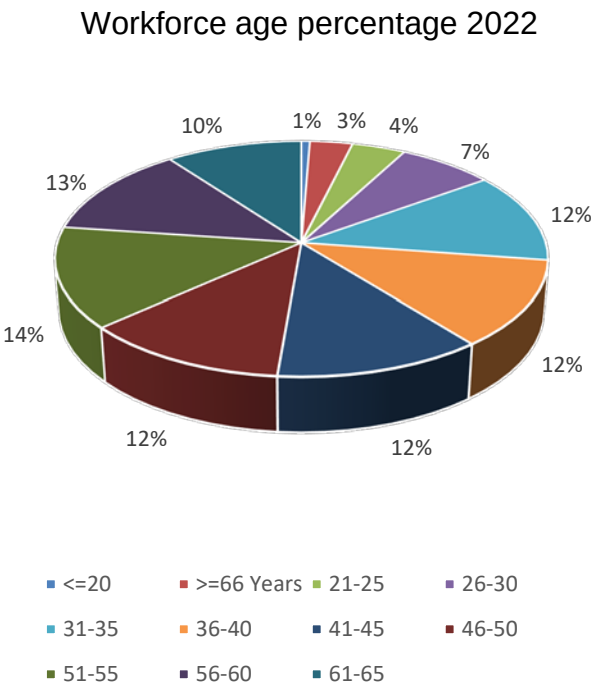
These were then grouped into the following categories for the purposes of this report:

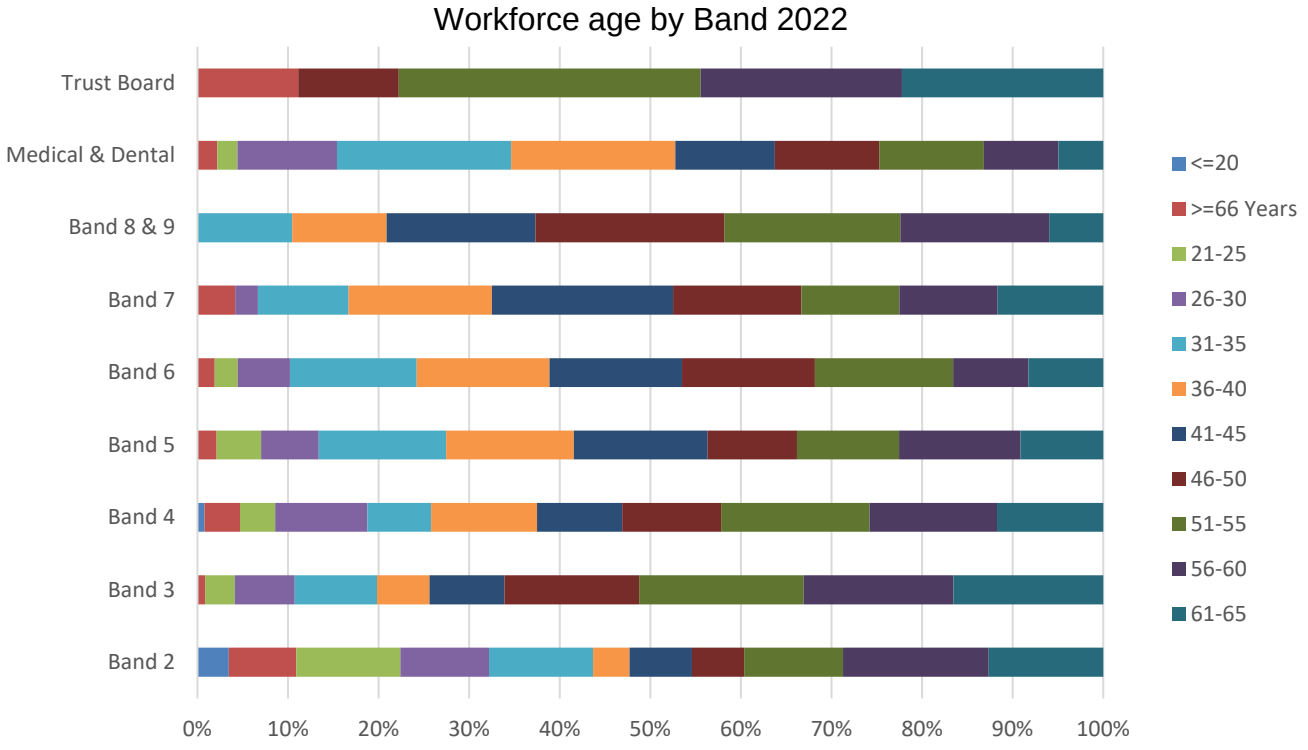
Gay/Lesbian/Bisexual
Heterosexual
I do not wish to disclose
Other
Undefined

Appendix 2 | Current Workforce profile

1 Workforce age profile

Age Band	Headcount	Percentage
<=20	7	1%
>=66	35	3%
21-25	44	4%
26-30	79	7%
31-35	136	12%
36-40	131	12%
41-45	133	12%
46-50	132	12%
51-55	152	14%
56-60	139	13%
61-65	112	10%
Total	**1100**	**100%**

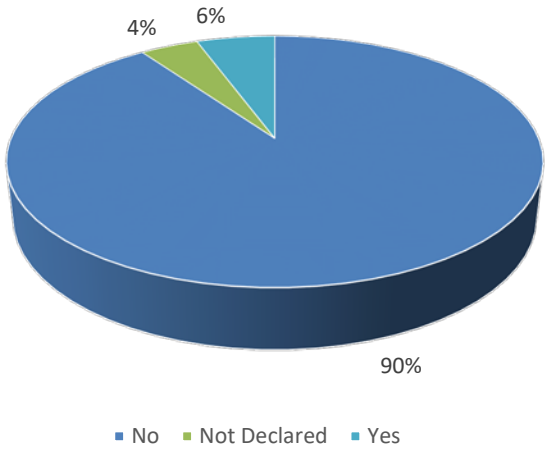




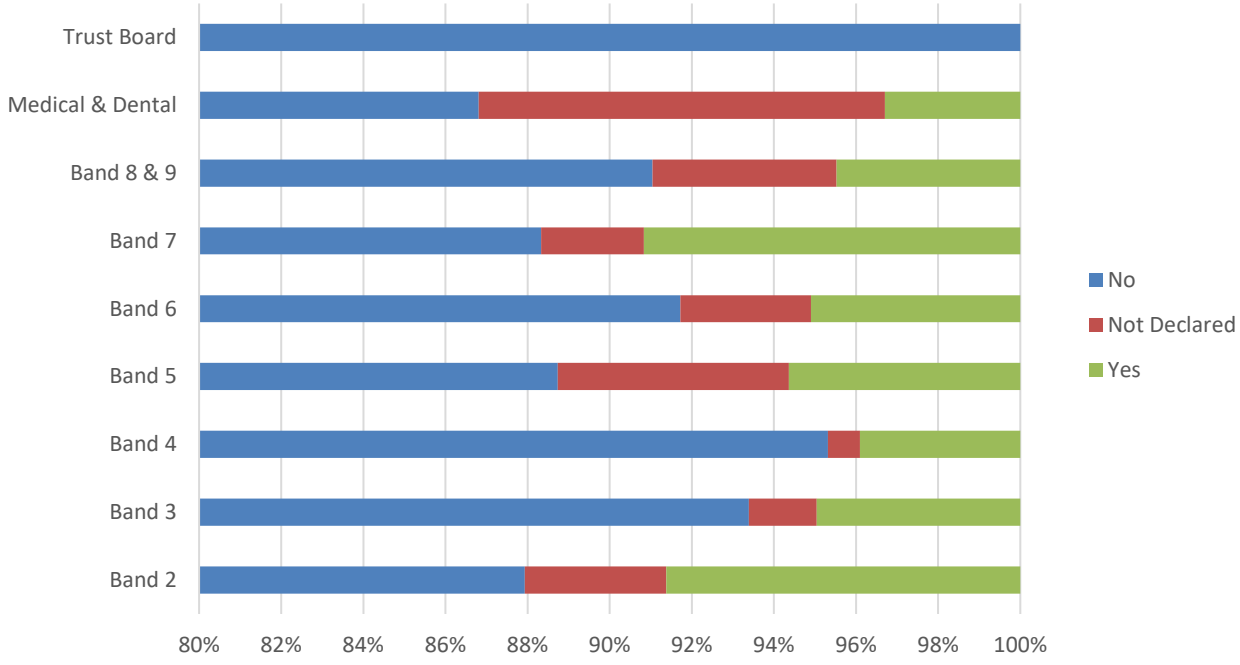
2 Workforce disability profile

Disability	Headcount	Percentage
No	992	90%
Not Declared	46	4%
Yes	62	6%
Total	**1100**	**100%**

Workforce disability percentage 2022



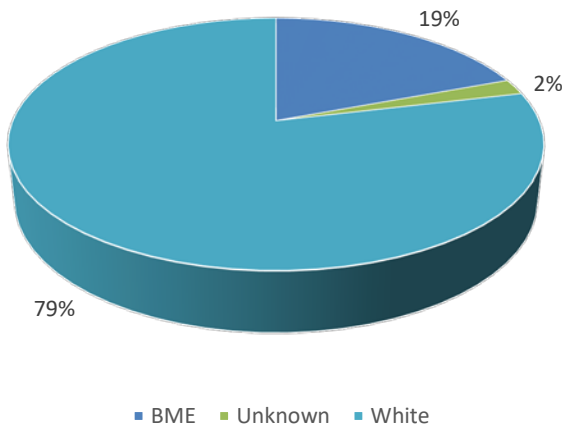
Workforce disability by Band 2022



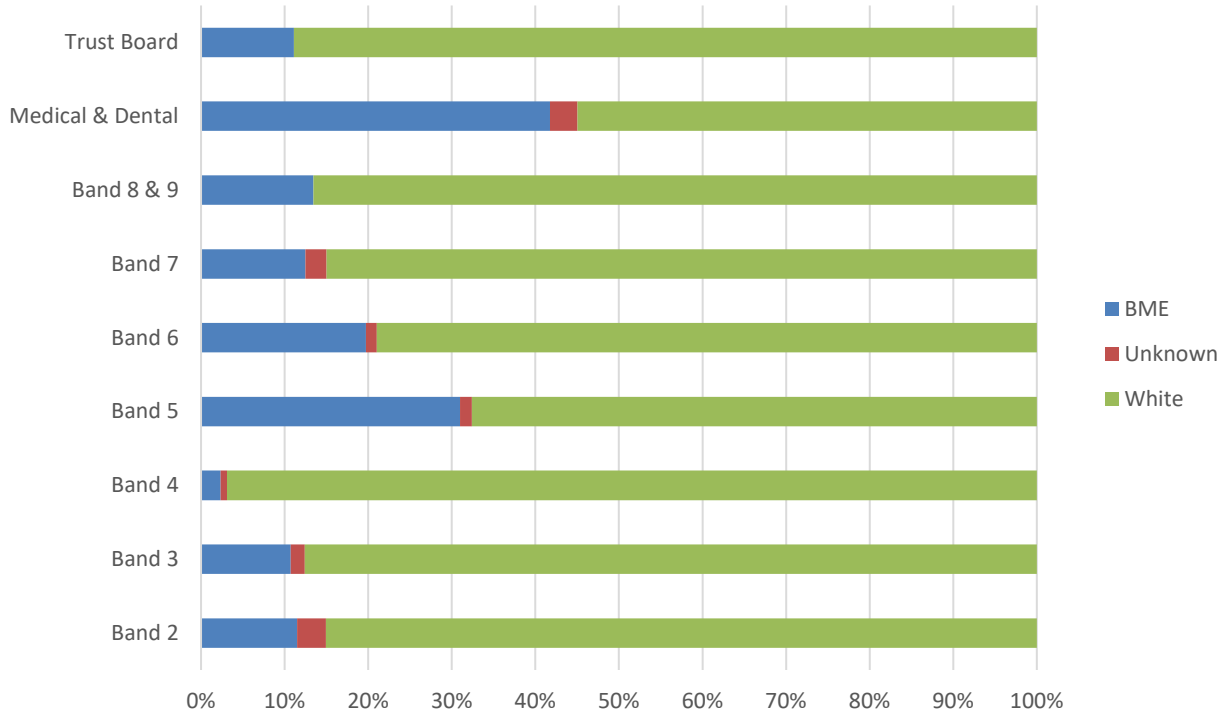
3 Workforce ethnicity profile

Ethnicity	Headcount	Percentage
BME	212	19%
Unknown	22	2%
White	866	79%
Total	**1100**	**100%**

Workforce ethnicity percentage 2022



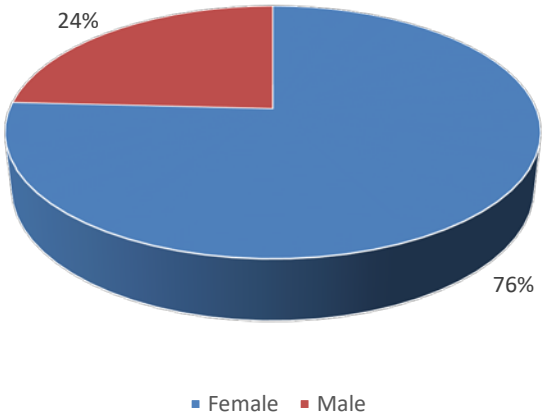
Workforce ethnicity by Band 2022



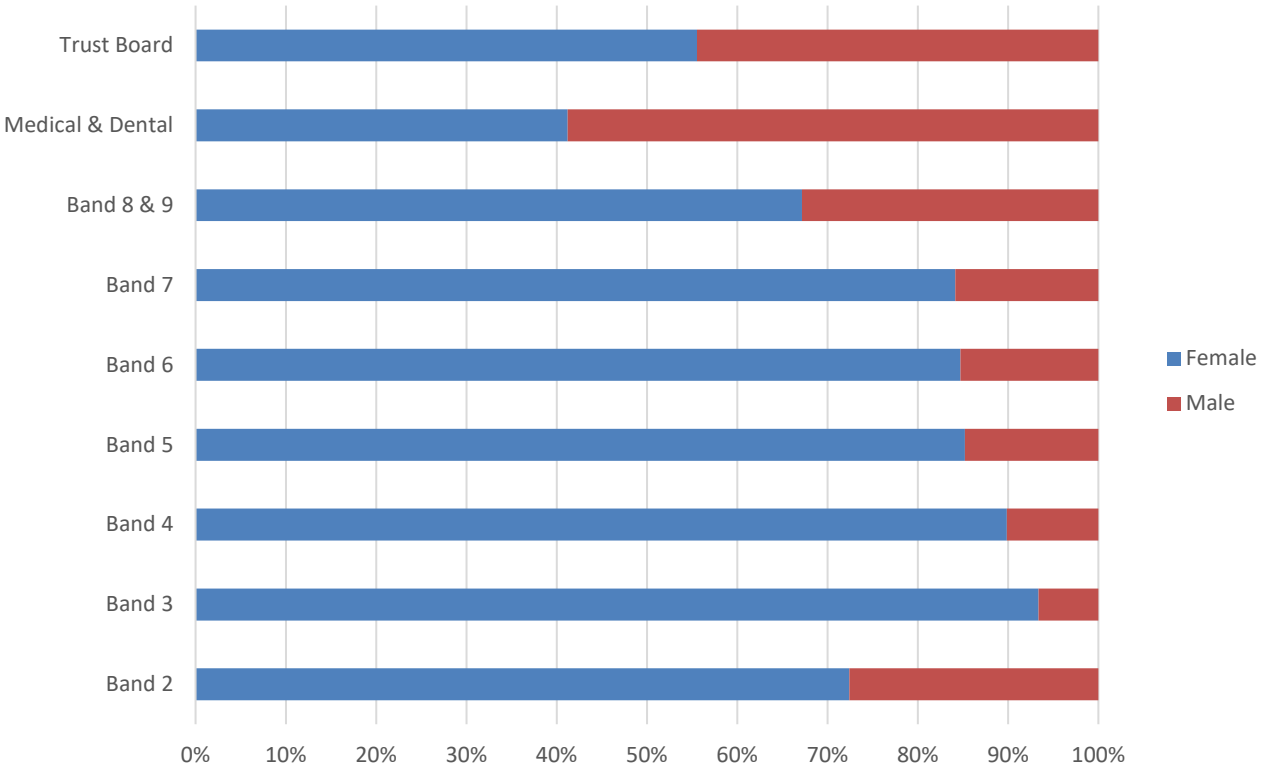
4 Workforce gender profile

Gender	Headcount	Percentage
Female	834	76%
Male	266	24%
Total	**1100**	**100%**

Workforce Gender percentage 2022



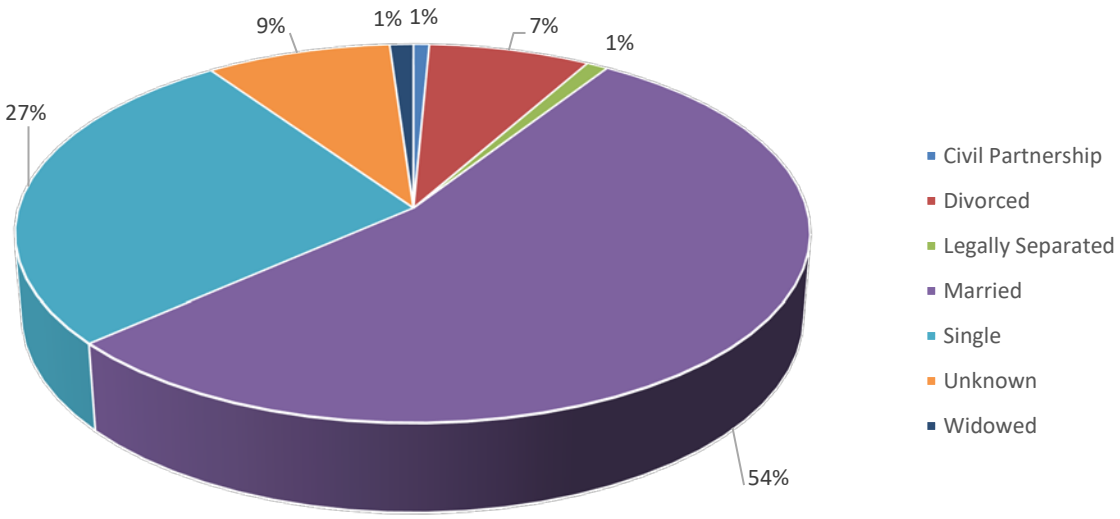
Workforce gender by Band 2022



5 Workforce marital status profile

Marital status	Headcount	Percentage
Civil Partnership	8	1%
Divorced	82	7%
Legally Separated	11	1%
Married	597	54%
Single	296	27%
Unknown	94	9%
Widowed	12	1%
Total	**1100**	**100%**

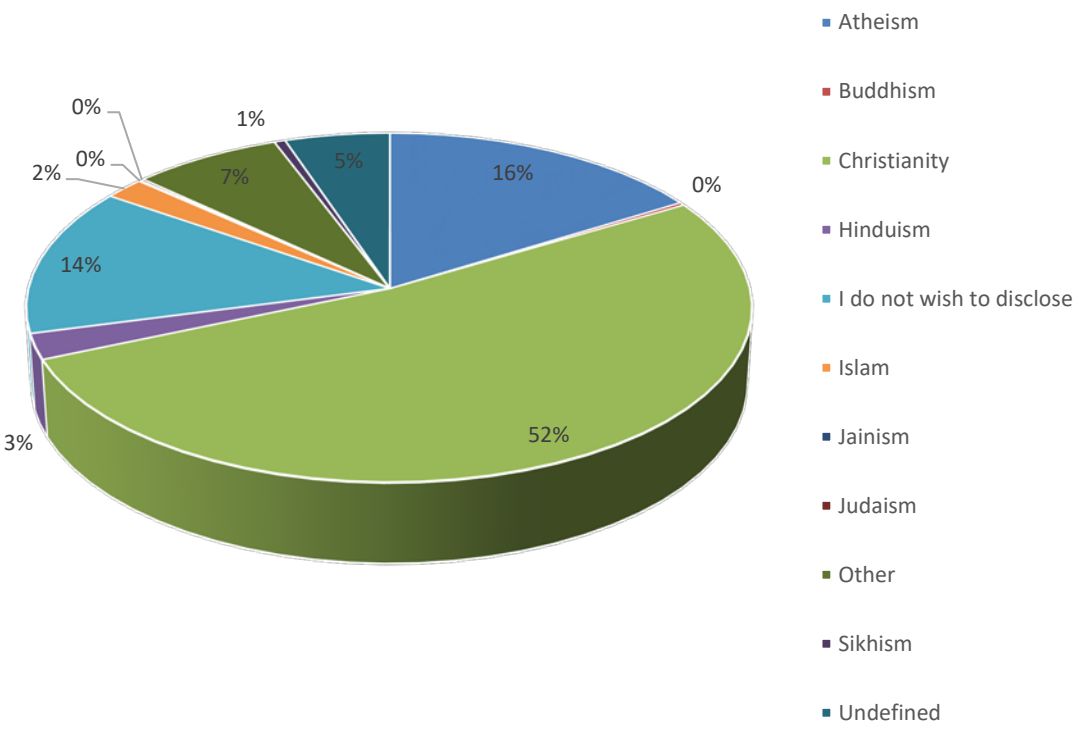
Workforce Marital Status percentage 2022



6 Workforce religion / belief profile

Religion/ belief	Headcount	Percentage
Atheism	178	16%
Buddhism	3	0%
Christianity	573	52%
Hinduism	26	2%
I do not wish to disclose	151	14%
Islam	22	2%
Jainism	1	0%
Judaism	2	0%
Other	81	7%
Sikhism	6	1%
Undefined	57	5%
Grand Total	**1100**	**100%**

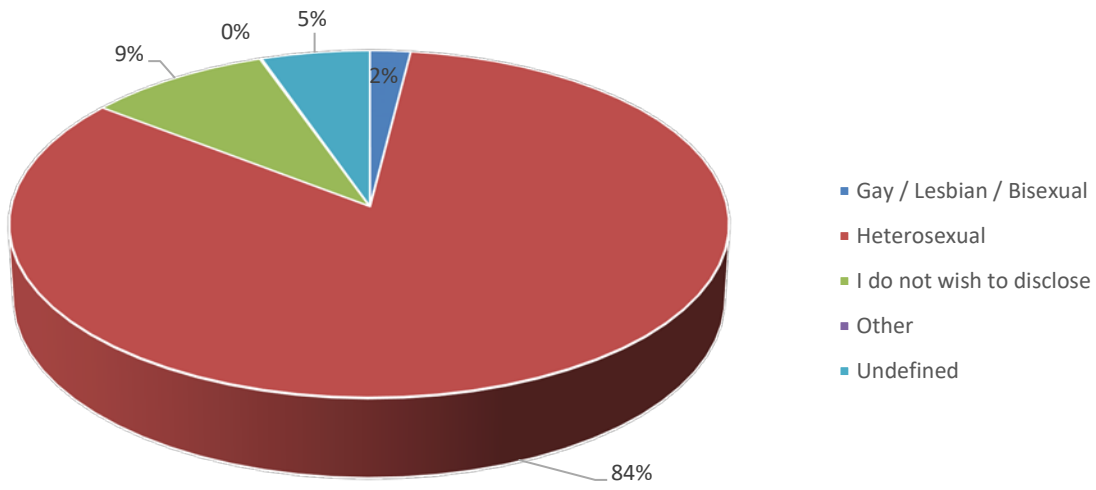
Workforce religion/ belief percentage 2022



7 Workforce sexual orientation profile

Sexual orientation	Headcount	Percentage
Gay / Lesbian / Bisexual	22	2%
Heterosexual	918	83%
I do not wish to disclose	100	9%
Other	1	0%
Undefined	59	5%
Grand Total	**1100**	**100%**

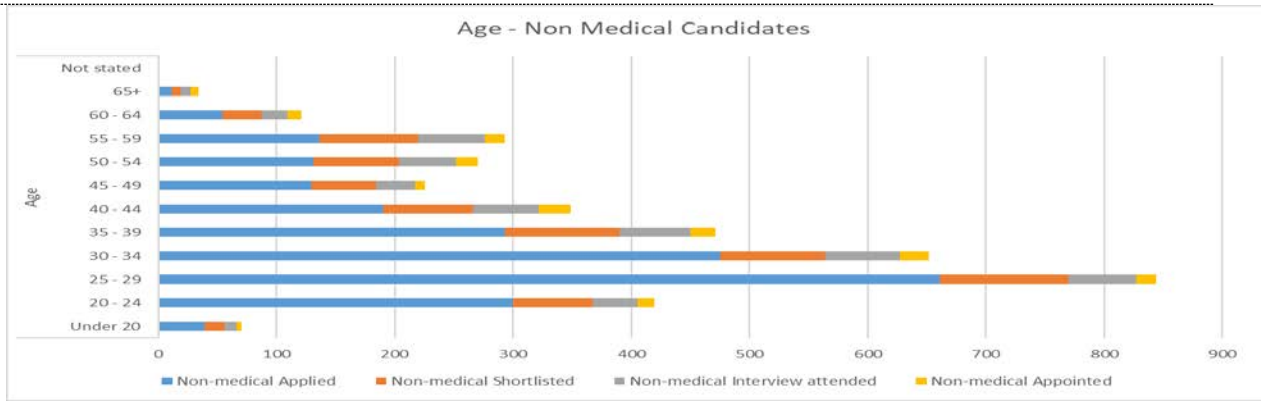
Workforce sexual orientation percentage 2022



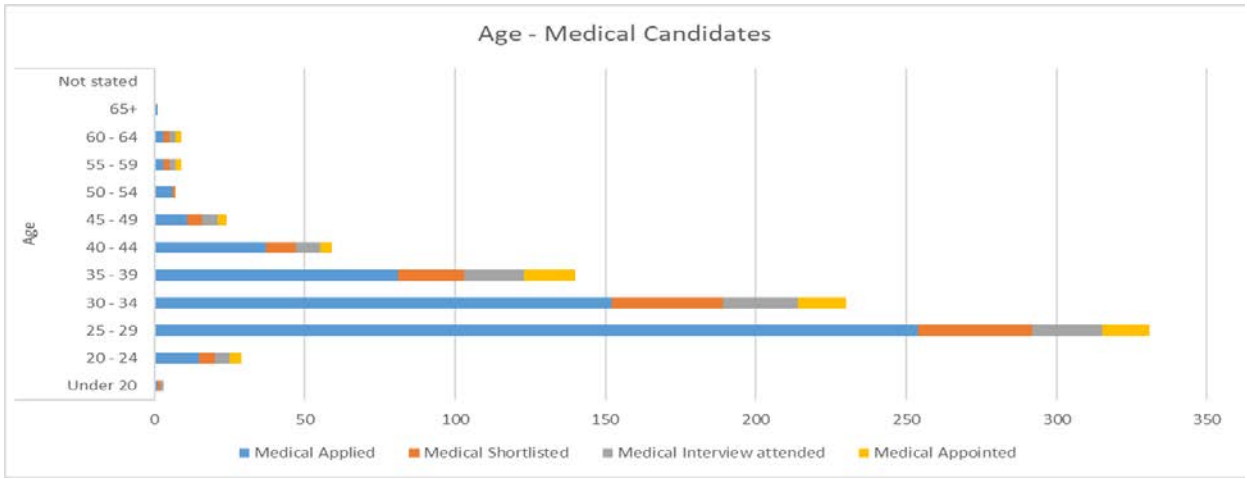
Appendix 3 |Recruitment candidates

1 Recruitment age profile

		Non-medical			
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Age	Under 20	39	17	10	4
	20 - 24	300	67	38	15
	25 - 29	661	109	57	17
	30 - 34	475	89	63	25
	35 - 39	293	97	60	21
	40 - 44	190	76	56	27
	45 - 49	129	55	33	9
	50 - 54	131	73	48	18
	55 - 59	136	84	56	17
	60 - 64	54	33	22	12
	65+	11	8	8	7
	Not stated	0	0	0	0

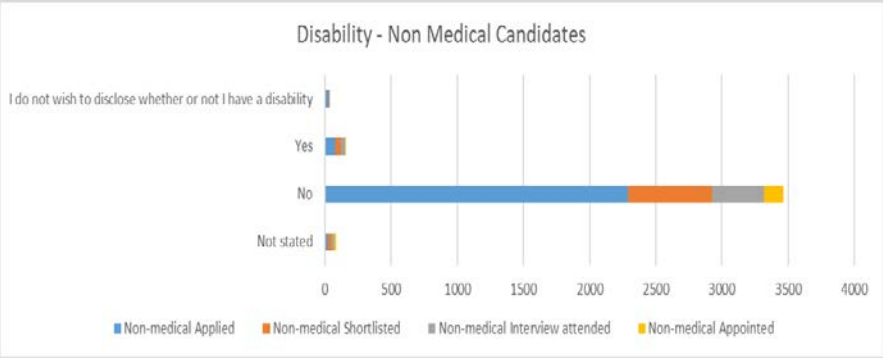


		Medical			
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Age	Under 20	1	1	1	0
	20 - 24	15	5	5	4
	25 - 29	254	38	23	16
	30 - 34	152	37	25	16
	35 - 39	81	22	20	17
	40 - 44	37	10	8	4
	45 - 49	11	5	5	3
	50 - 54	6	1	0	0
	55 - 59	3	2	2	2
	60 - 64	3	2	2	2
	65+	1	0	0	0
	Not stated	0	0	0	0

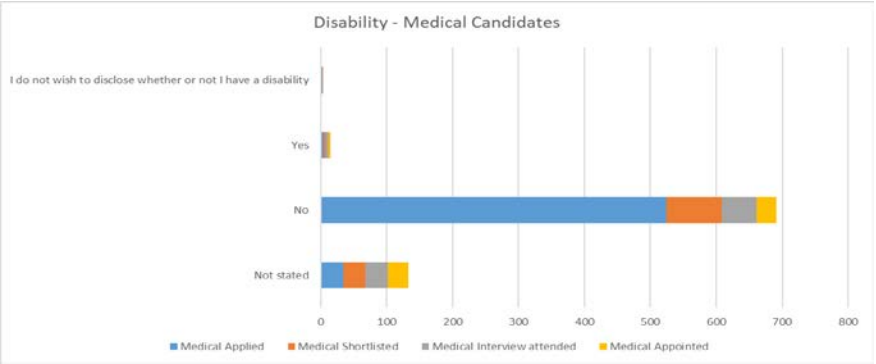


2 Recruitment disability profile

		Non-medical			
Equal ops category	**Answer**	**Applied**	**Shortlisted**	**Interview attended**	**Appointed**
Disability	**Not stated**	23	23	23	17
	No	2289	634	396	147
	Yes	82	42	28	8
	I do not wish to disclose whether or not I have a disability	25	9	4	0

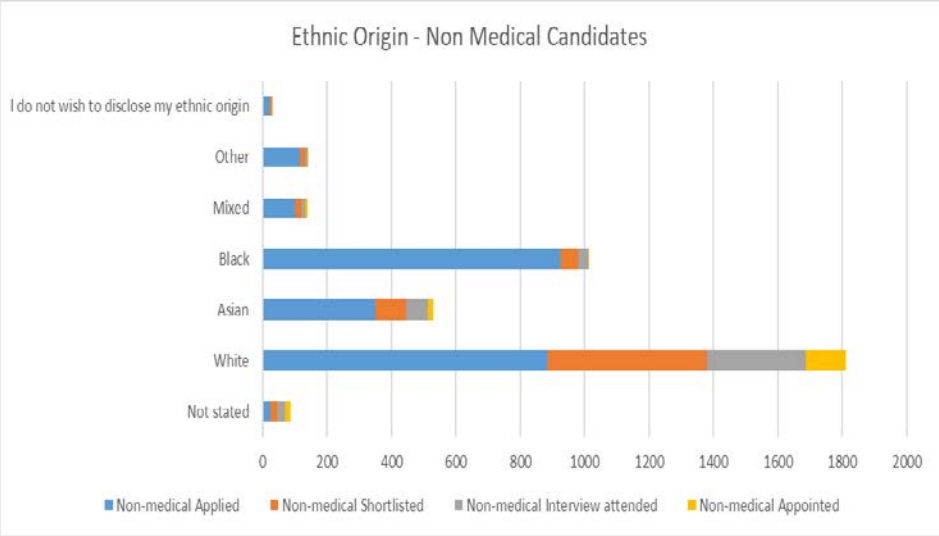


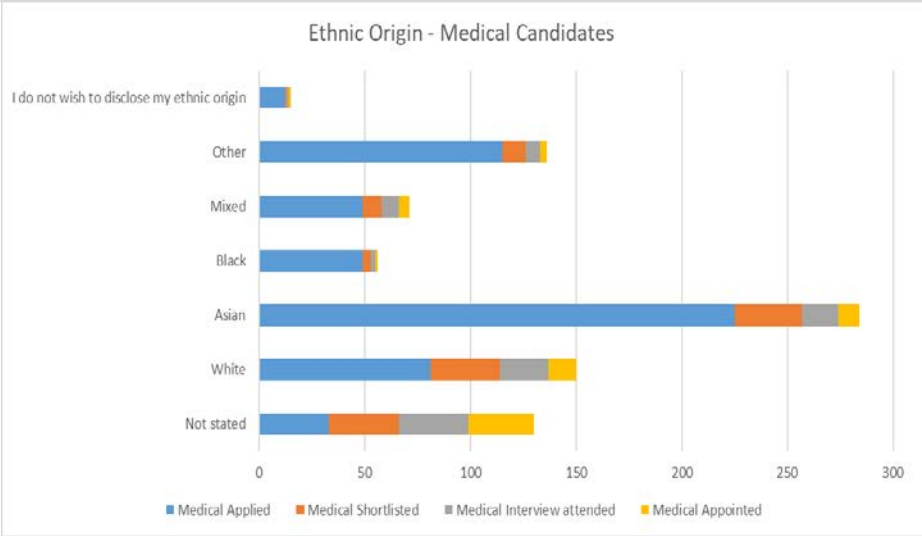
		Medical			
Equal ops category	**Answer**	**Applied**	**Shortlisted**	**Interview attended**	**Appointed**
Disability	**Not stated**	34	34	34	31
	No	524	84	53	30
	Yes	4	4	4	3
	I do not wish to disclose whether or not I have a disability	2	1	0	0



3 Recruitment ethnicity profile

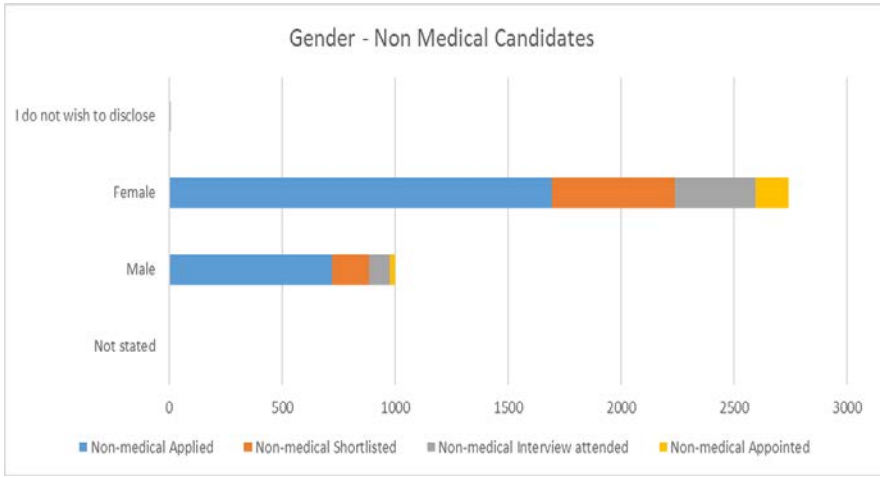
		Non-medical						Medical			
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed	Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Ethnic Origin	Not stated	23	23	23	17	Ethnic Origin	Not stated	33	33	33	31
	White	885	494	308	123		White	81	33	23	13
	Asian	349	97	66	18		Asian	225	32	17	10
	Black	925	54	31	4		Black	49	4	2	1
	Mixed	101	19	13	6		Mixed	49	9	8	5
	Other	115	16	8	2		Other	115	11	7	3
	I do not wish to disclose my ethnic origin	21	5	2	2		I do not wish to disclose my ethnic origin	12	1	1	1



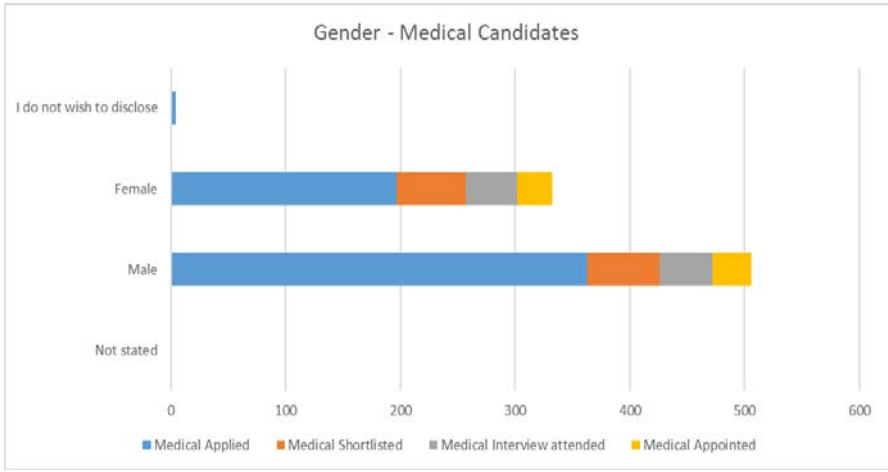


4 Recruitment gender profile

Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Gender	Not stated	0	0	0	0
	Male	723	162	91	26
	Female	1694	544	359	146
	I do not wish to disclose	2	2	1	0

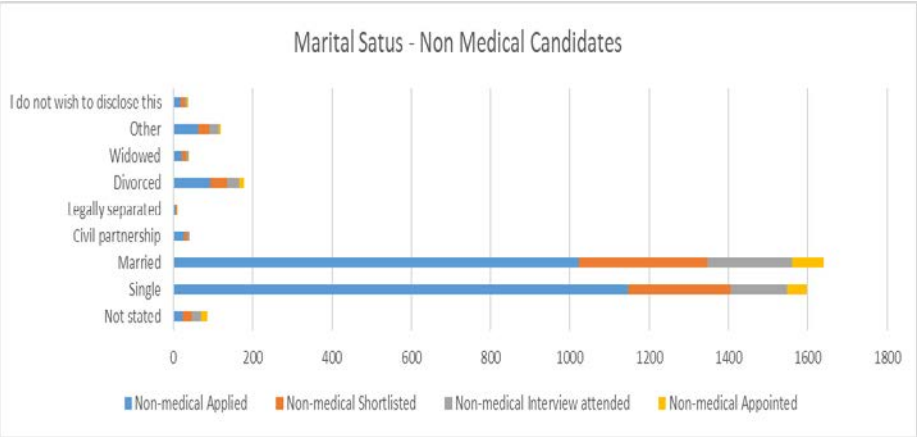


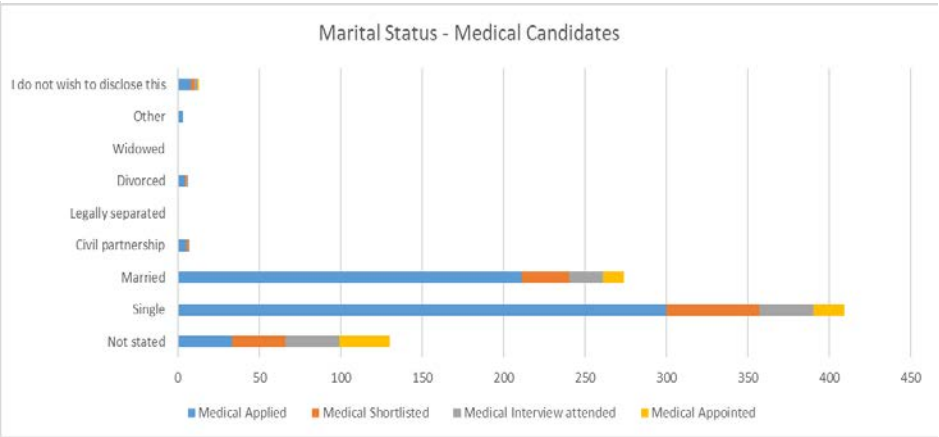
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Gender	Not stated	0	0	0	0
	Male	363	63	46	34
	Female	197	60	45	30
	I do not wish to disclose	4	0	0	0



5 Recruitment marital status profile

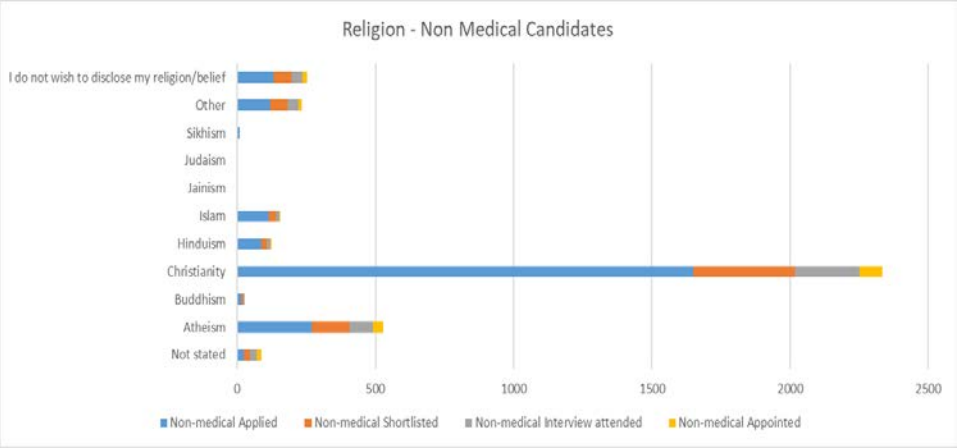
		Non-medical						Medical			
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed	Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Marital Status	Not stated	23	23	23	17	Marital Status	Not stated	33	33	33	31
	Single	1148	258	141	50		Single	300	57	33	19
	Married	1023	323	215	80		Married	211	29	21	13
	Civil partnership	27	9	5	0		Civil partnership	5	1	1	0
	Legally separated	5	2	2	1		Legally separated	0	0	0	0
	Divorced	92	43	31	13		Divorced	4	1	1	0
	Widowed	22	10	6	1		Widowed	0	0	0	0
	Other	62	29	23	6		Other	3	0	0	0
	I do not wish to disclose this	17	11	5	4		I do not wish to disclose this	8	2	2	1

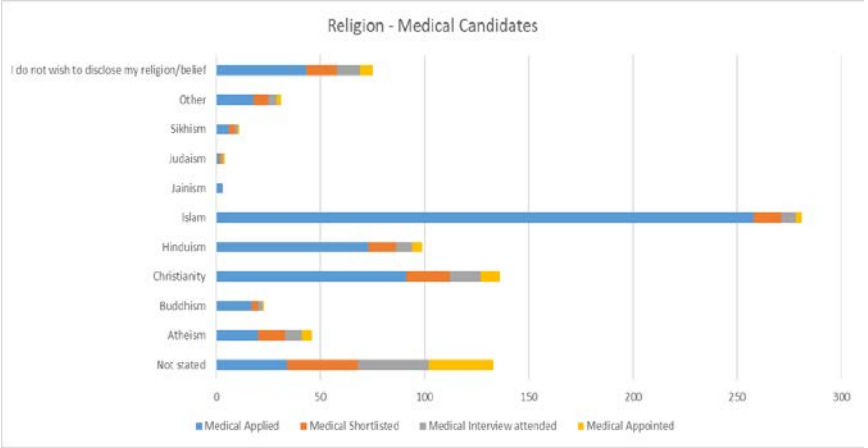




6 Recruitment religion / belief profile

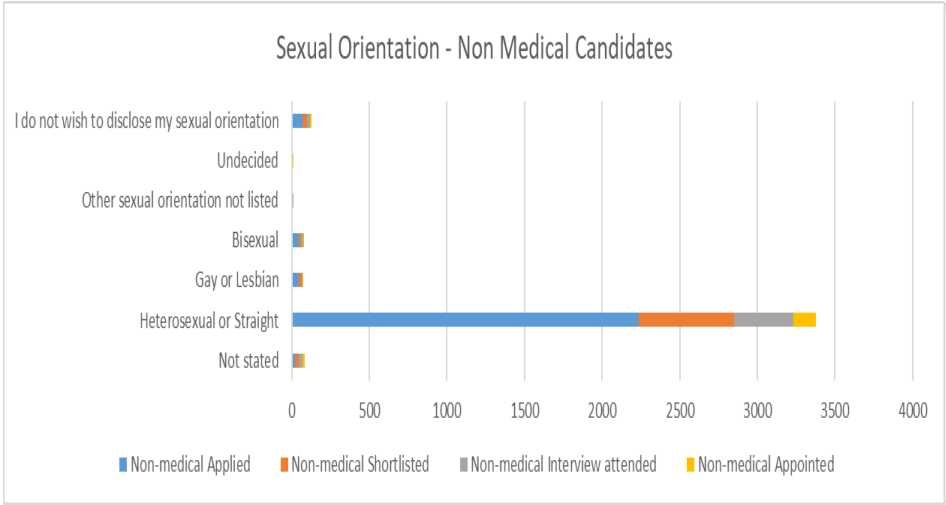
		Non-medical						Medical			
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed	Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Religion	Not stated	23	23	23	17	Religion	Not stated	34	34	34	31
	Atheism	270	136	86	36		Atheism	20	13	8	5
	Buddhism	15	7	4	0		Buddhism	17	3	2	1
	Christianity	1650	367	234	83		Christianity	91	21	15	9
	Hinduism	88	19	12	4		Hinduism	73	13	8	5
	Islam	115	25	14	2		Islam	258	13	7	3
	Jainism	2	0	0	0		Jainism	3	0	0	0
	Judaism	0	0	0	0		Judaism	1	1	1	1
	Sikhism	7	1	1	0		Sikhism	6	3	1	1
	Other	119	63	39	13		Other	18	7	4	2
	I do not wish to disclose my religion/belief	130	67	38	17		I do not wish to disclose my religion/belief	43	15	11	6

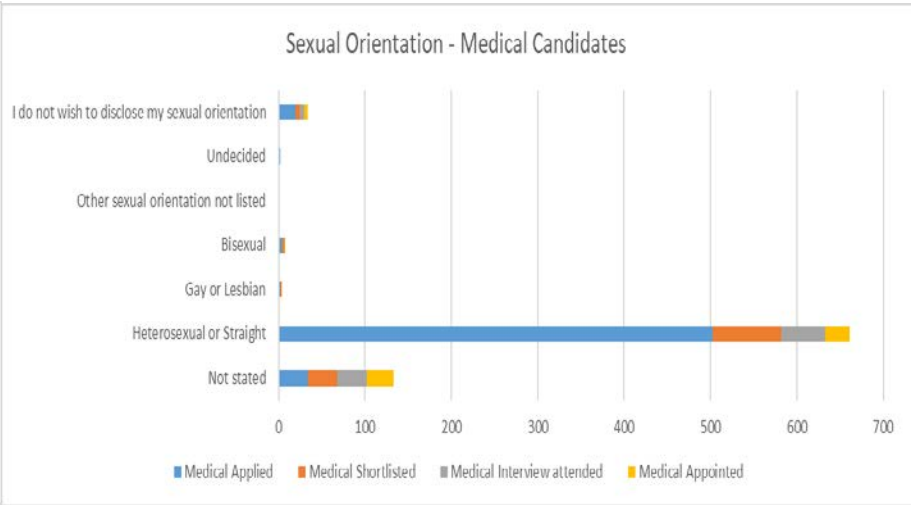




7 Recruitment sexual orientation profile

		Non-medical						Medical			
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed	Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Sexual Orientation	Not stated	23	23	23	17	Sexual Orientation	Not stated	34	34	34	31
	Heterosexual or Straight	2234	615	385	141		Heterosexual or Straight	502	80	51	28
	Gay or Lesbian	43	20	8	2		Gay or Lesbian	2	2	0	0
	Bisexual	44	18	11	3		Bisexual	4	2	1	1
	Other sexual orientation not listed	4	1	1	0		Other sexual orientation not listed	0	0	0	0
	Undecided	4	1	1	1		Undecided	2	0	0	0
	I do not wish to disclose my sexual orientation	67	30	22	8		I do not wish to disclose my sexual orientation	20	5	5	4

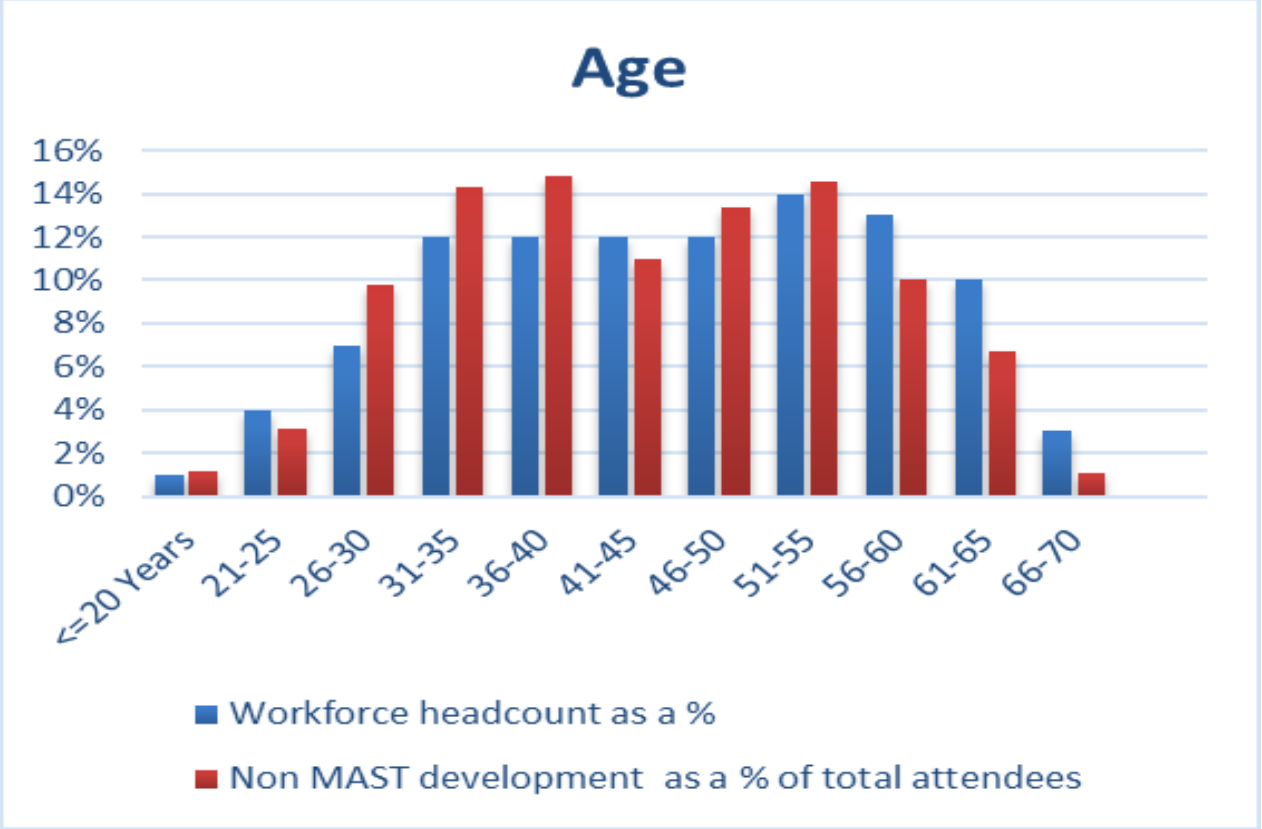




Appendix 4 | Learning & development

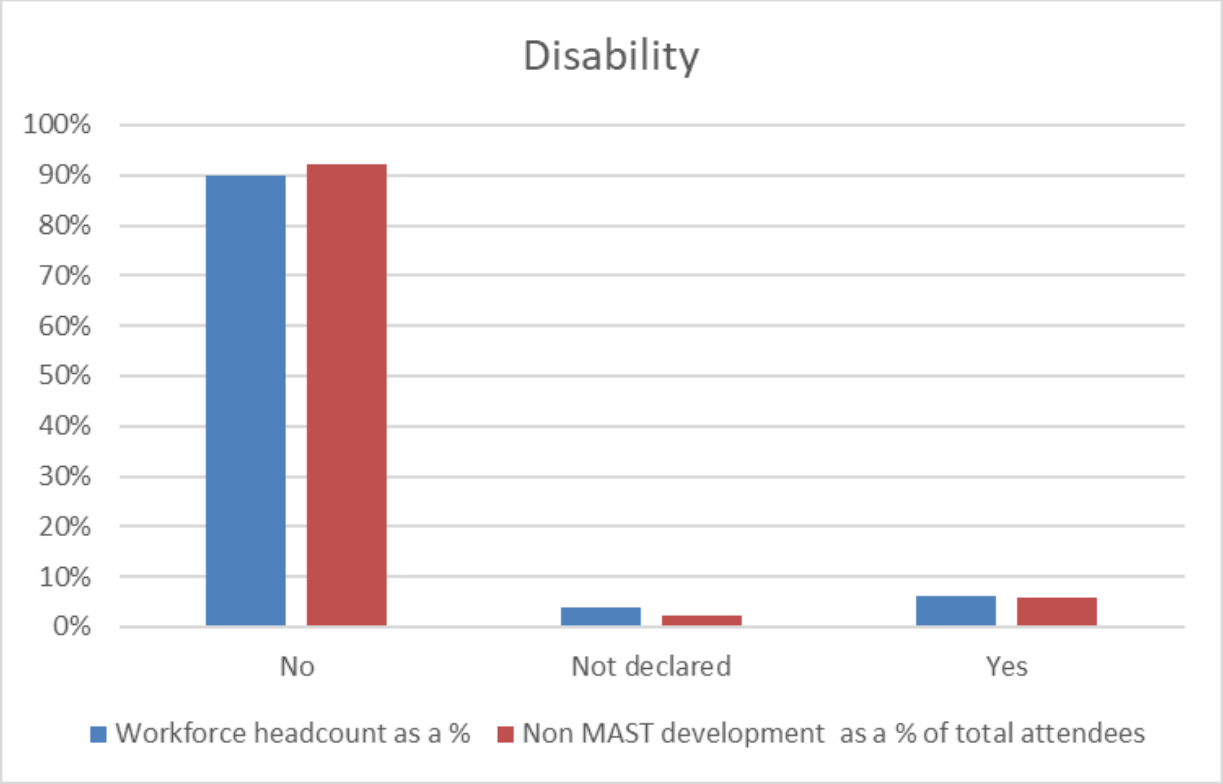
1 Enrolment age profile

Age	<=20 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>=66 years
Workforce headcount as a %	1%	4%	7%	12%	12%	12%	12%	14%	13%	10%	3%
Non MAST development as a % of total attendees	1%	3%	10%	14%	15%	11%	13%	15%	10%	7%	1%



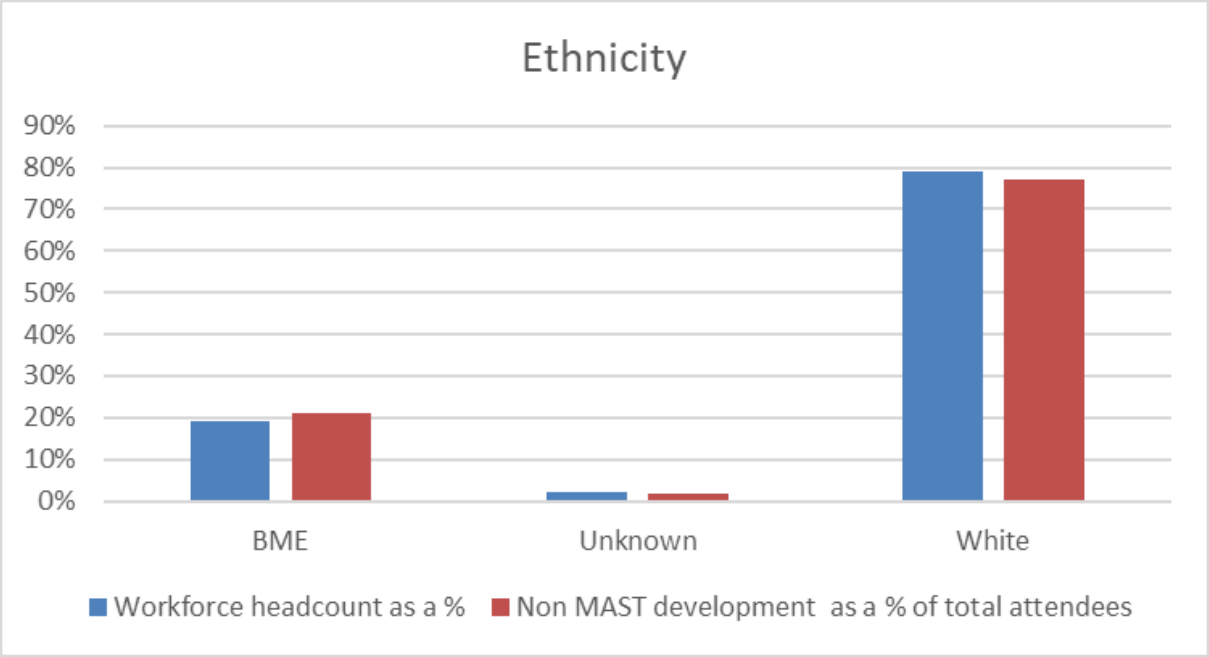
2 Enrolment disability profile

Disability	No	Not declared	Yes
Workforce headcount as a %	90%	4%	6%
Non MAST development as a % of total attendees	92%	2%	6%



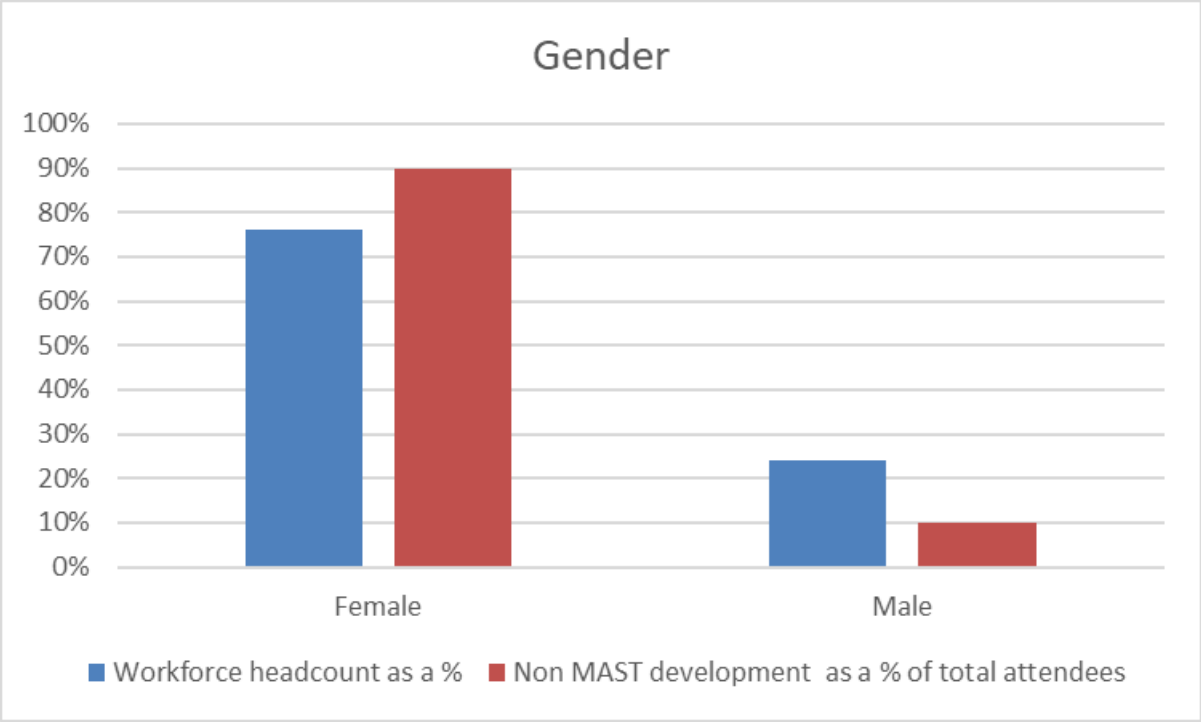
3 Enrolment ethnicity profile

Ethnicity	BME	Unknown	White
Workforce headcount as a %	19%	2%	79%
Non MAST development as a % of total attendees	21%	2%	77%



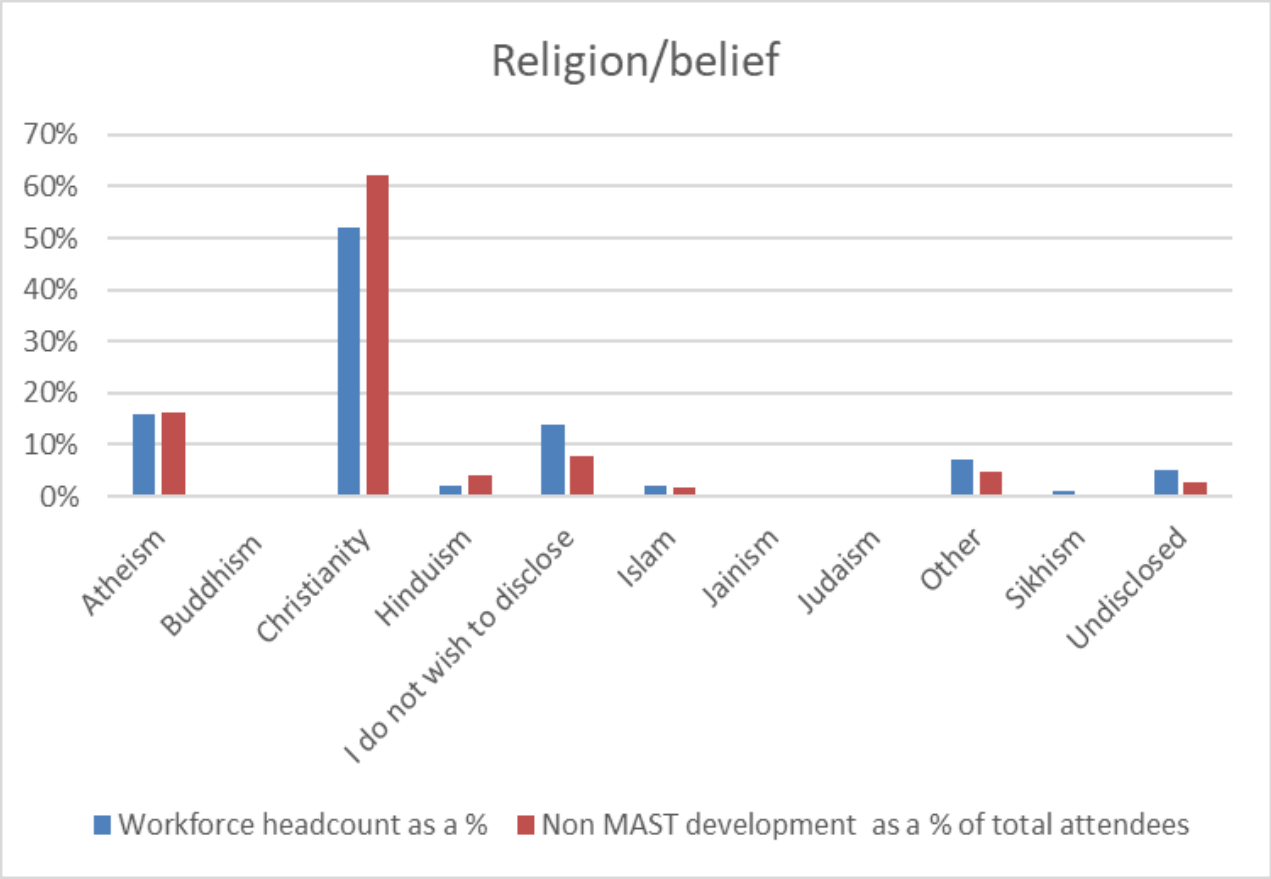
4 Enrolment gender profile

Gender	Female	Male
Workforce headcount as a %	76%	24%
Non MAST development as a % of total attendees	90%	10%



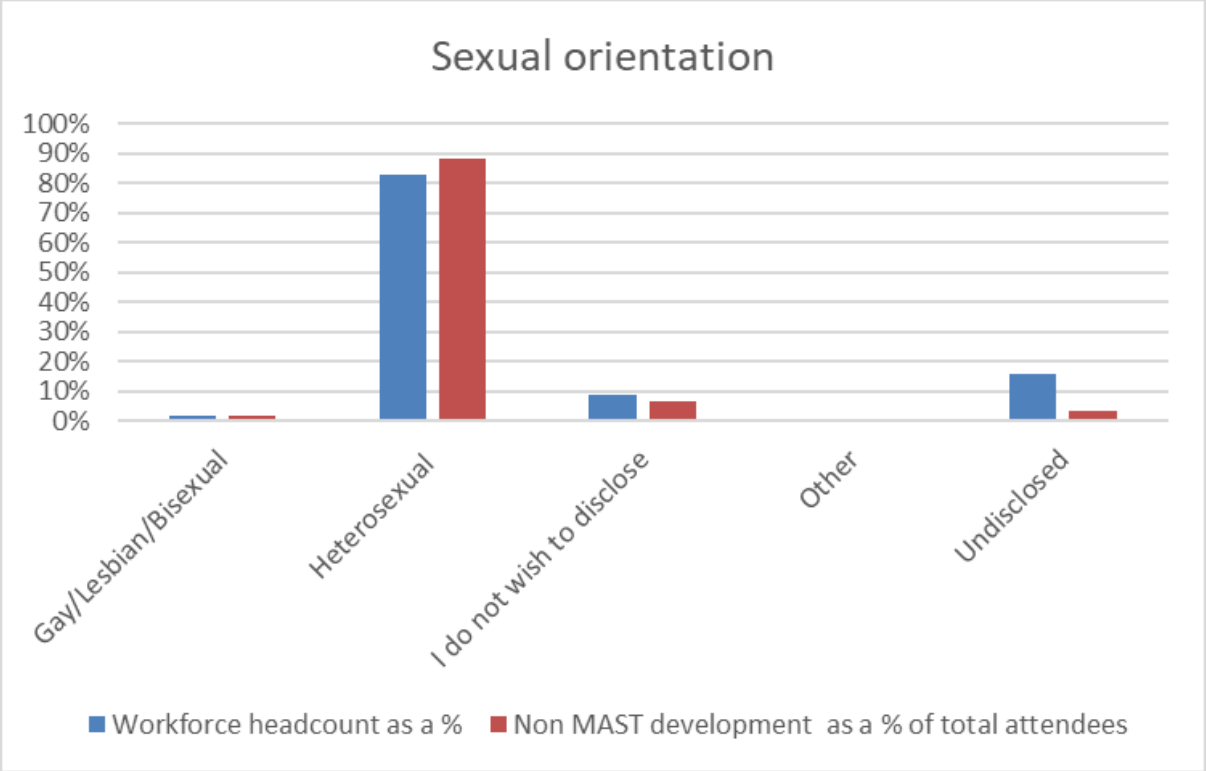
5 Enrolment religion / belief profile

Religion/belief	Atheism	Buddhism	Christianity	Hinduism	I do not wish to disclose	Islam	Jainism	Judaism	Other	Sikhism	Undisclosed
Workforce headcount as a %	16%	0%	52%	2%	14%	2%	0%	0%	7%	1%	5%
Non MAST development as a % of total attendees	16%	0%	62%	4%	8%	2%	0%	0%	5%	0%	3%



6 Enrolment sexual orientation profile

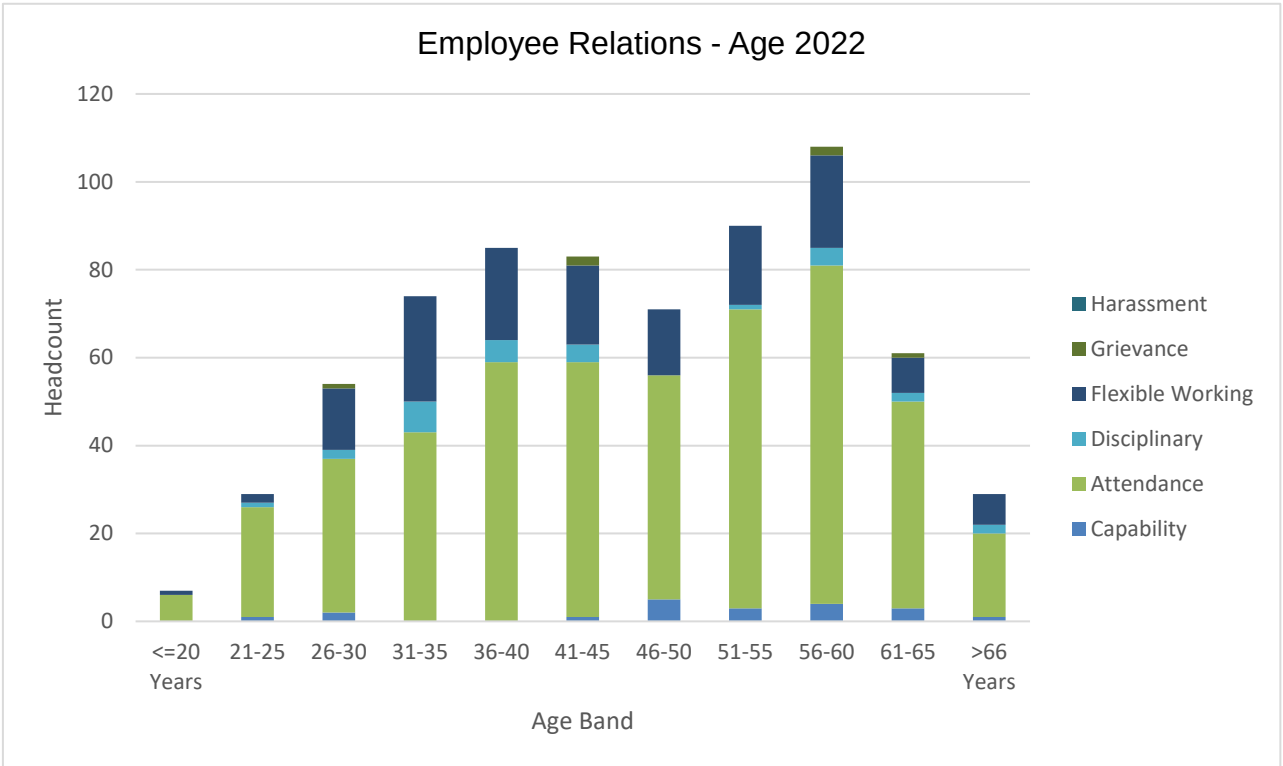
Sexual orientation	Gay/Lesbian/Bisexual	Heterosexual	I do not wish to disclose	Other	Undisclosed
Workforce headcount as a %	2%	83%	9%	0%	16%
Non MAST development as a % of total attendees	1.67%	88.07%	6.80%	0.24%	3.22%



Appendix 5 | Employee Relations

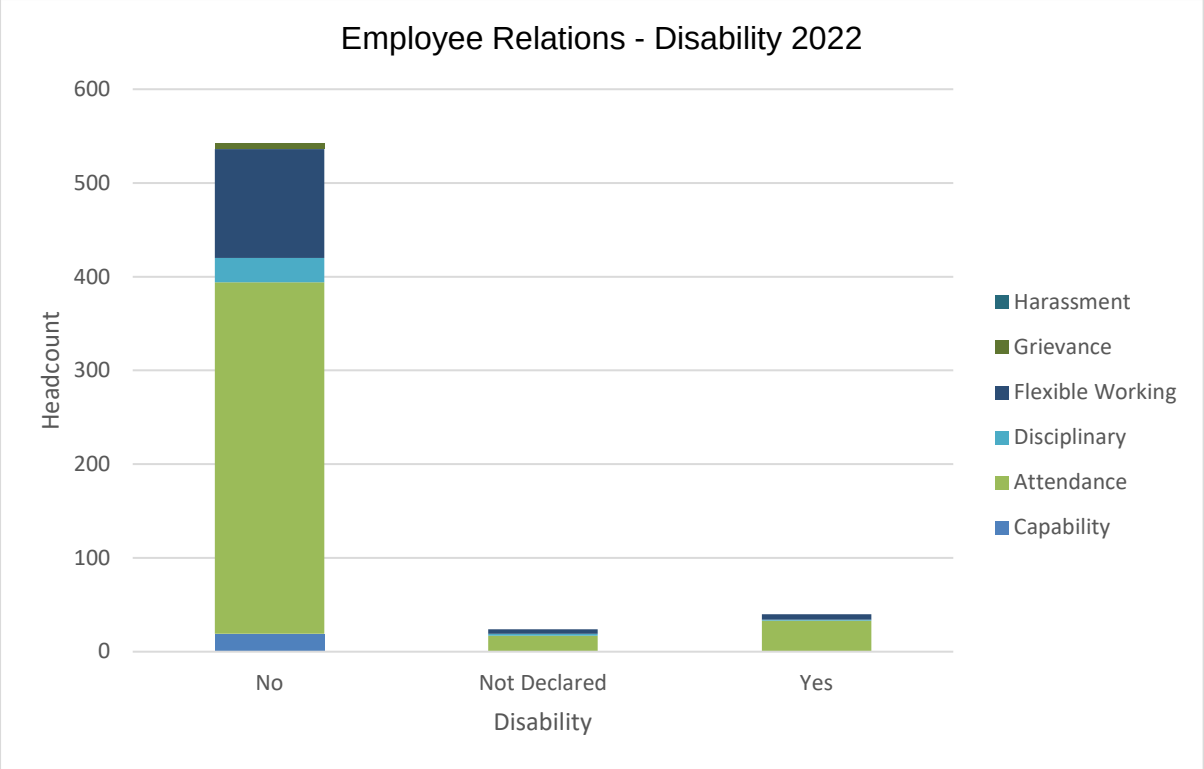
1 Employee Relations age profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
<=20 Years	0	6	0	1	0	0
21-25	1	25	1	2	0	0
26-30	2	35	2	14	1	0
31-35	0	43	7	24	0	0
36-40	0	59	5	21	0	0
41-45	1	58	4	18	2	0
46-50	5	51	0	15	0	0
51-55	3	68	1	18	0	0
56-60	4	77	4	21	2	0
61-65	3	47	2	8	1	0
>66 Years	1	19	2	7	0	0
Total	**20**	**488**	**28**	**149**	**6**	**0**



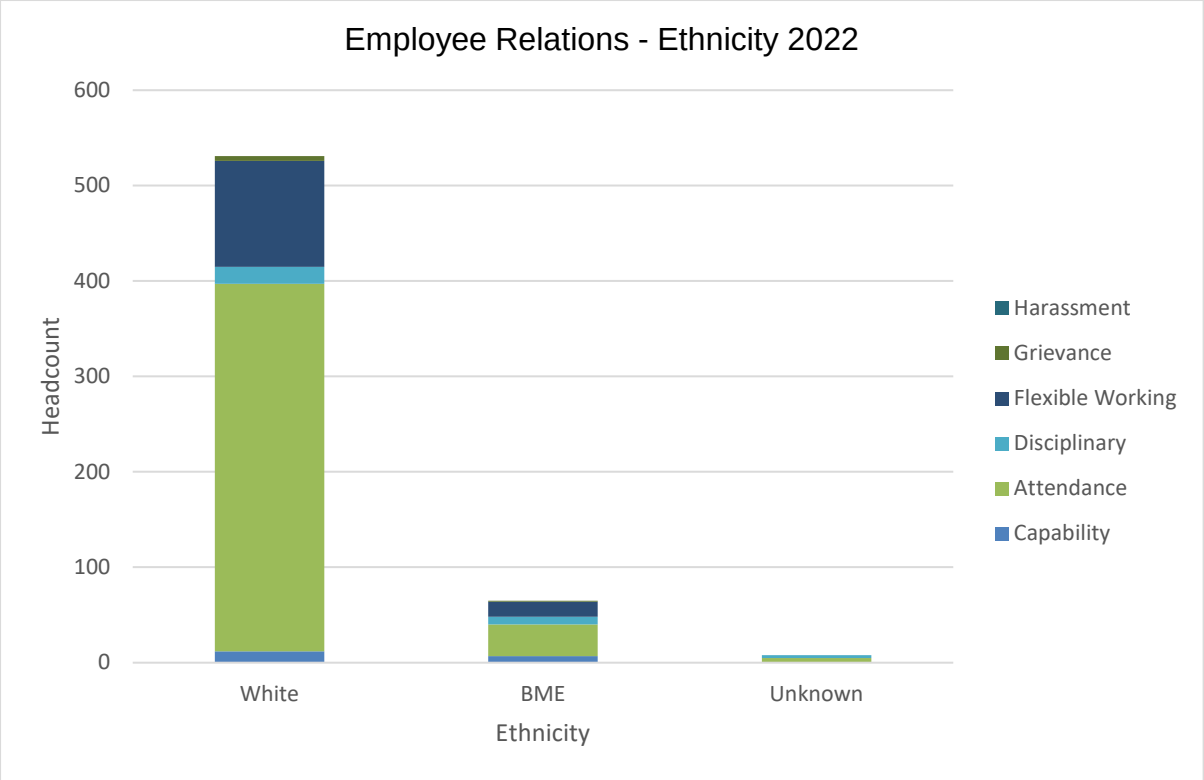
2 Employee Relations disability profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
No	19	375	26	116	6	0
Not Declared	0	17	2	5	0	0
Yes	0	33	1	6	0	0
Total	**19**	**425**	**29**	**127**	**6**	**0**



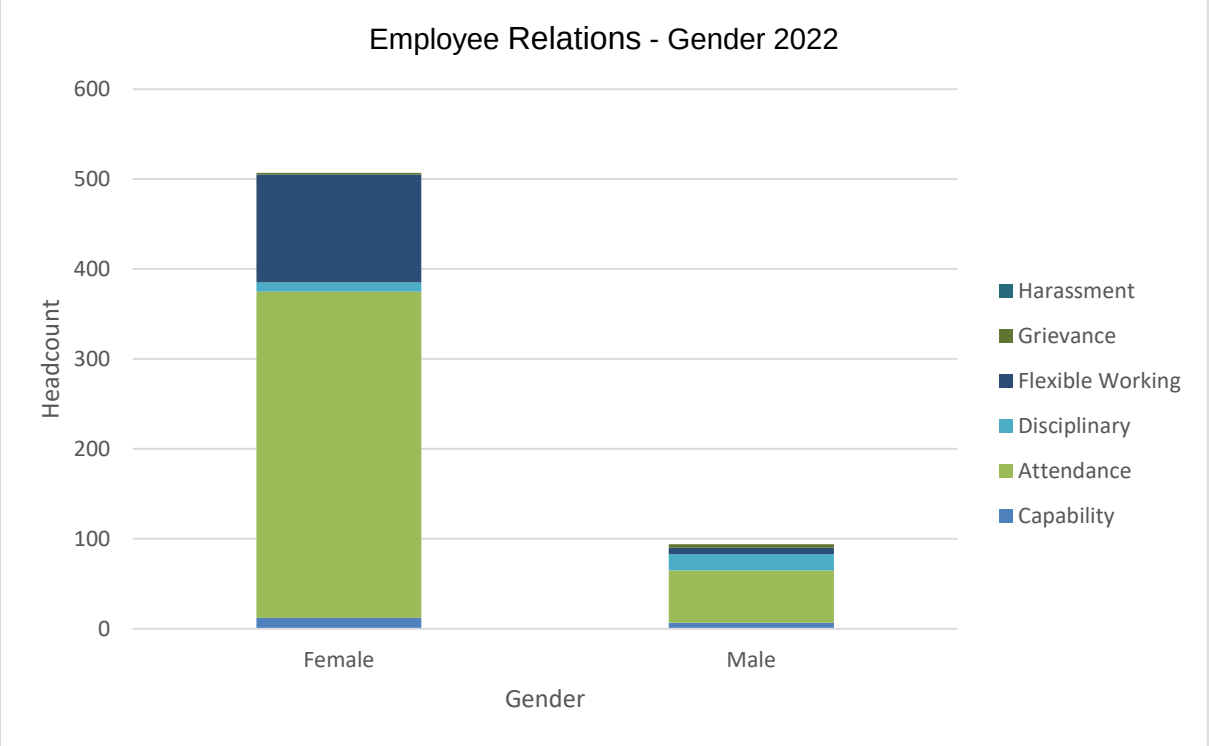
3 Employee Relations ethnicity profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
White	12	385	18	111	5	0
BME	7	33	8	16	1	0
Unknown	0	5	3	0	0	0
Total	**19**	**423**	**29**	**127**	**6**	**0**



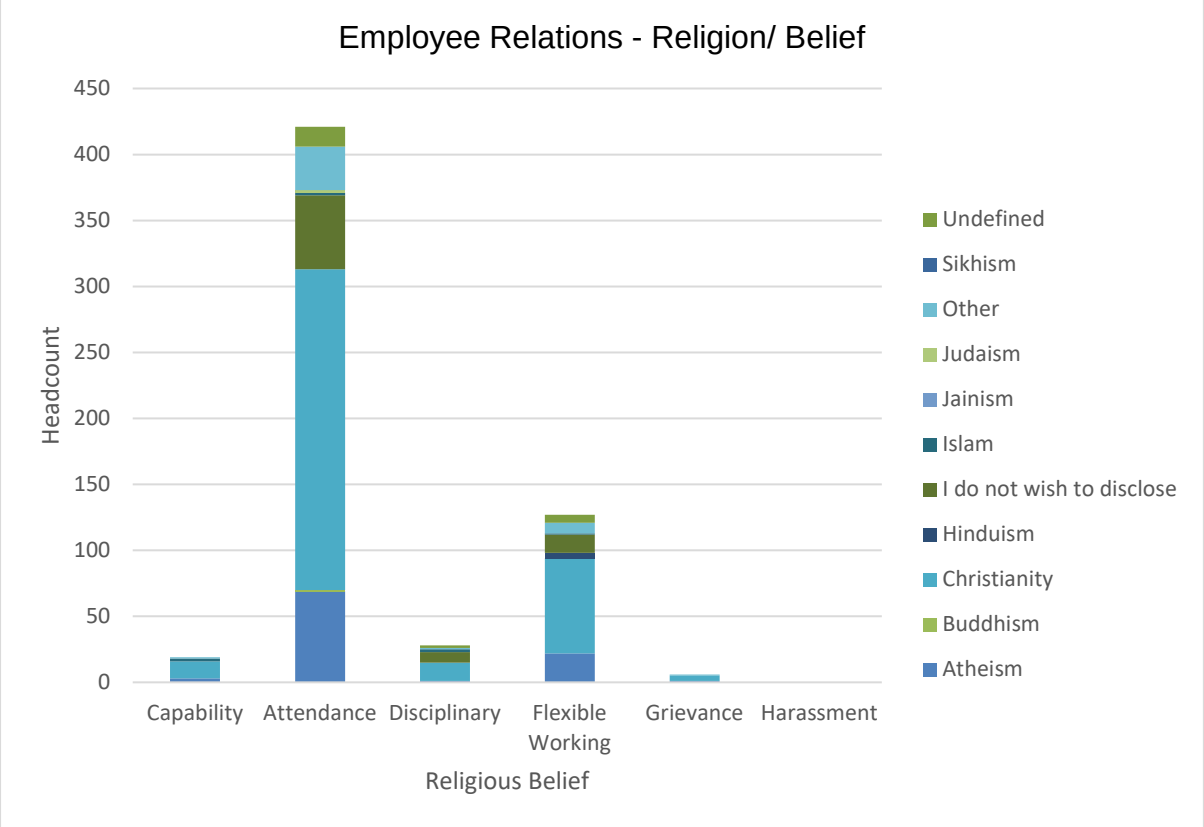
4 Employee Relations gender profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
Female	12	363	10	120	2	0
Male	7	58	18	7	4	0
Total	**19**	**421**	**28**	**127**	**6**	**0**



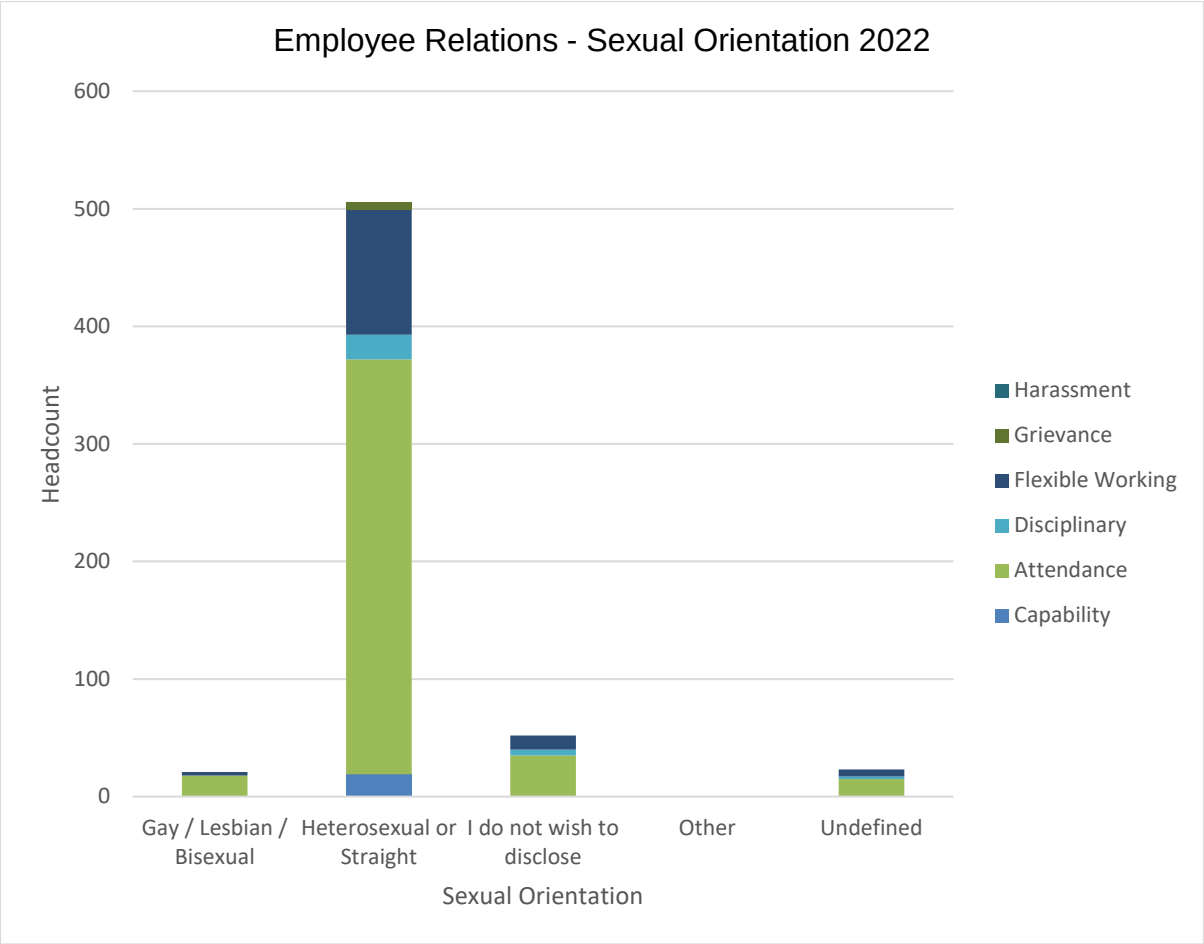
5 Employee Relations religion or beliefs profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
Atheism	3	69	1	22	1	0
Buddhism	0	1	0	0	0	0
Christianity	13	243	14	72	4	0
Hinduism	0	0	0	4	0	0
I do not wish to disclose	0	56	8	14	0	0
Islam	2	2	2	1	0	0
Jainism	0	0	0	0	0	0
Judaism	0	2	0	0	0	0
Other	1	33	1	8	1	0
Sikhism	0	0	0	0	0	0
Undefined	0	15	2	6	0	0
Total	**19**	**421**	**28**	**127**	**6**	**0**



6 Employee Relations sexual orientation profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
Gay / Lesbian / Bisexual	0	18	0	3	0	0
Heterosexual or Straight	19	353	21	106	6	0
I do not wish to disclose	0	35	5	12	0	0
Other	0	0	0	0	0	0
Undefined	0	15	2	6	0	0
Total	**19**	**421**	**28**	**127**	**6**	**0**



Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	12/01/2023		**Agenda reference:**	**209-23**	
Report title:	Financial, operational and workforce performance assurance				
Sponsor:	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee				
Author:	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee)				
Appendices:	None				
Executive summary					
Purpose of report:	Assurance on financial, operational and workforce performance as discussed at the latest Finance & Performance Committee (28 November 2022)				
Summary of key issues	• Increased referrals, late referrals and patient choice are all impacting performance areas such as 2WW and 62+ for cancer • Assurance received that the 78WW will be eliminated by year end • Break even financial position forecasted for year end due to the current funding settlement which is unlikely to continue into the next financial year				
Recommendation:	The Board is asked to **note** the contents of the report.				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: ***Operational excellence***	KSO4: ***Financial sustainability***	KSO5: ***Organisational excellence***
Implications					
Board assurance framework:	BAFs for KSO3, KSO4 and KS05 are relevant and were reviewed at the meeting				
Corporate risk register:	Corporate risks allocated for oversight by the committee were reported upon and note is made where individual risks received more detailed review – if applicable				
Regulation:	Some KPIs link into the oversight framework of reporting to NHSE and CQC				
Legal:	None				
Resources:	Resources are fundamental to the delivery of performance				
Assurance route					
Previously considered by:	Finance, operational and workforce reports go through a variety of routes to reach the committee				
	Date:		Decision:		
Next steps:					

Report to:	Board Directors
Agenda item:	Financial, operational and workforce performance assurance
Date of meeting:	12 January 2023
Report from:	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee
Report author:	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee
Date of report:	20 December 2022
Appendices:	None

Financial, operational and workforce performance assurance

Introduction
The Finance & Performance Committee meets monthly to review regular reports on financial, operational and workforce matters, as well as topics set out in an annual workplan.

This report covers the meeting of the Finance & Performance Committee on 28 November, reviewing performance information as at the end of October 2022. The next meeting, reviewing November performance, is scheduled for Wednesday 11 January and a verbal update will be provided at the Board meeting of any significant issues.

Operational Performance
The committee continues to maintain a focus on cancer treatment waiting times. The increased level of referrals (seen in this and some other areas), combined with patient choice and some late referrals has had an impact on performance, in such areas as 2ww and 62+ days for cancer.

Trajectories for what the Trust's year-end 52ww figure will be, have fluctuated in recent months, with particular pressures within plastics, although assurance is being given that the 78ww will be eliminated by year-end. Further work on this area is being undertaken.

The performance of sleep services remains a concern, with the remedial actions taking longer to implement than planned.

Productivity within theatres was also focused on, both in terms of the impact of the maintenance work as well as the ongoing volume of on the day cancellations. Further work on pre-assessment was to be considered.

Workforce performance
Whilst the current vacancy rate is within the KPI target, there remain challenges in hard to recruit areas.

The committee discussed a proposal to change the sickness absence target (3%), with the average in the region being 3.8%, but required further analysis.

There was further discussion on how assurance could be gained on the effectiveness of appraisals and some sampling is now being undertaken. The committee was assured that any appraisals more than three months overdue are escalated.

Financial performance
The Trust continues to report a break-even position, both year-to-date and in the year-end forecast. Pay and non-pay remain broadly in line with trend.
The committee also received a report on the system's financial position, and the financial challenges being faced by our system partners and, hence, the importance that the Trust plays its part.

The Trust continues to report a financial break-even position for this year, due to the current funding settlement, which is very unlikely to continue into 2023/24. Whilst there remain vacancies in a number of areas, workforce utilisation is static. There is also increased demand, in some areas, for services, but still a need to focus on productivity.

Other
The committee received an update on 2023/24 business planning; noting the focus on determining the activity, capacity, cost, and workforce baseline for a post-Covid hospital. It noted the changing demand for some services and the need for engagement with commissioners on the activity assumptions, for which assurance was given.

Corporate risks on junior doctor rota management in plastics, and the unregulated use of data sharing apps were subject to deep dive reviews. Updates on the Digital Programme and the Green Plan were also subject to review.

Recommendation
The Board is asked to **NOTE** the matters raised above and discuss any issues that they feel appropriate

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	12/01/2023		**Agenda reference:**	**210-23**	
Report title:	Establishment of a digital committee as a sub-committee of the Board				
Sponsor:	Clare Pirie, director of communications and corporate affairs				
Author:	Leonora May, deputy company secretary				
Appendices:	Appendix one: Standing Orders Appendix two: Reservation of powers and scheme of delegation Appendix three: Digital committee terms of reference				
Executive summary					
Purpose of report:	Establishment of a digital committee, formally constituted as a sub-committee of the Board in line with the standing orders.				
Summary of key issues	The digital committee will provide appropriate governance for the design, development and operation of complex IT and data systems				
Recommendation:	The Board is asked to: **Approve** the appointment of a digital committee as a sub-committee of the Board and associated updates to the Trust's standing orders and reservation of powers and scheme of delegation, and **Approve** the digital committee's terms of reference.				
Action required	**Approval**	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: ***Operational excellence***	KSO4: ***Financial sustainability***	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	None				
Corporate risk register:	The committee will review corporate risks allocated to it by the Board for oversight and the implementation and monitoring of remedial actions and review and assess risks that have been escalated from the digital programmes that report to the committee, and where appropriate these will be escalated to Board				
Regulation:	National digital objectives				
Legal:	None				
Resources:	Committee support to be confirmed				
Assurance route					
Previously considered by:	Terms of reference considered by 'Digital Board'				
	Date:	09/01/23	Decision:		
Next steps:	Updated documents to be published Committee meetings to be arranged				

Report to:	Board Directors
Agenda item:	210-23
Date of meeting:	12 January 2023
Report from:	Clare Pirie, director of communications and corporate affairs Kevin Gould, non-executive director
Report author:	Leonora May, deputy company secretary
Date of report:	22 December 2022
Appendices:	Appendix one: Standing Orders Appendix two: Reservation of powers and scheme of delegation Appendix three: Digital committee terms of reference

Establishment of a digital committee as a sub-committee of the Board

Introduction

The Board is asked to consider the recommendation that a digital committee is formally constituted as a sub-committee of the Board in line with the standing orders.

For the purposes of this committee-based approach, digital activity is defined as the design, development and operation of complex IT and data systems.

Background

Recognising the requirement to develop a Trust digital strategy, QVH established a 'Digital Board' in September 2022 to provide oversight and direction to the three digital programmes across the Trust. The Digital Board was established as a sub-committee of the finance and performance committee with no decision making authority. In line with the reservation of powers and scheme of delegation, its terms of reference stipulated that the Digital Board would review digital business cases and recommend them to the finance and performance committee for approval.

The finance and performance committee has delegated authority to recommend business cases between £250,001 and £1,000,000 to the director of finance and chief executive for approval, and to recommend business cases over £1,000,000 to the Board of Directors for approval.

In order to avoid duplication and increase Board oversight and assurance on the Trust's digital strategy, projects and programmes, it is proposed that the digital committee be established as a formal sub-committee of the Board, replacing what was the 'Digital Board'.

Establishment

The Trust's standing orders provide that the Board of Directors shall approve the appointment, membership and terms of reference of its sub-committees.

S5.7 of the Trust's standing orders have been updated to include the digital committee as a sub-committee of the Board, and are attached to the report as appendix one for approval.

The reservation of powers and scheme of delegation have been amended to give the digital committee delegated authority to recommended business cases related to digital activity of between £250,001 and £1,000,000 to the director of finance and chief executive for approval and to recommend business cases related to digital

activity of over £1,000,000 to the Board of Directors for approval. This means that digital business cases will be reviewed and recommended for approval by the digital committee going forwards, rather than both the 'Digital Board' and finance and performance committee.

The reservation of powers and scheme of delegation are attached to the report as appendix two for approval.

The terms of reference for the digital committee are attached to the report as appendix three for approval; these are adapted from the terms of reference for the previous Digital Board.

Meetings
It is proposed that the digital committee will meet bi-monthly and be chaired by a non-executive director appointed by the Trust Chair. It is proposed that the initial appointment to this role will be Kevin Gould, non-executive director. The proposed duties, responsibilities and membership of the committee are set out within the proposed terms of reference.

Recommendation
The Board is asked to:

- **Approve** the appointment of a digital committee as a sub-committee of the Board and associated updates to the Trust's standing orders and reservation of powers and scheme of delegation, and
- **Approve** the digital committee's terms of reference.

Queen Victoria Hospital NHS Foundation Trust

Standing orders for the Board of Directors

Approved by the Board of Directors at its meeting on ~~7 July 2022~~12 January 2023

Contents

Introduction

Statutory framework

Queen Victoria Hospital NHS Foundation Trust ("**the Foundation Trust**"), became a Public Benefit Corporation on 1 July 2004 following the approval by the Regulator. The Foundation Trust is governed by the National Health Service Act 2006 ("**the 2006 Act**"), the Constitution and the Licence granted by the Regulator ("**the Regulatory Framework**"). The functions of the Foundation Trust are conferred by the Regulatory Framework. The Regulatory Framework requires the Board of Directors to adopt Standing Orders for the Board of Directors for the regulation of its proceedings and business. The Foundation Trust must also adopt Standing Financial Instructions which set out various responsibilities of individuals.

The Foundation Trust's principal ~~le~~ place of business is the Queen Victoria Hospital, Holtye Road, East Grinstead, West Sussex RH19 3DZ.

As a Public Benefit Corporation, the Foundation Trust has specific powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable. The Foundation Trust also has a common law duty as a bailee for patient's property held by the Foundation Trust on behalf of patients.

These Standing Orders ("SOs"), together with the Reservation of Powers and Scheme of Delegation and the Standing Financial Instructions, provide a comprehensive framework for the functions of the Trust. All Executive Directors, Non-Executive Directors and Officers should be aware of the existence of these documents and, where necessary, be familiar with the detailed provisions.

1 Interpretations and definitions

1.1 Any expression to which a meaning is given in the 2006 Act or any regulations or orders made under the 2006 Act shall have the same meaning in these SOs and in addition, defined terms used in these SOs have the same meaning as in the Constitution unless the context requires otherwise, or a contrary intention is evident.

1.2 Save as otherwise permitted by law, at any meeting of the Board of Directors, the Chair of the Foundation Trust shall be the final authority on the interpretation of these SOs (on which he/she should be advised by the Secretary).

1.3 Words importing the singular shall import the plural and vice-versa in each case.

1.4 In these SOs:

The 2006 Act is the National Health Service Act 2006 (as amended);

Accounting Officer means the person who, from time to time, discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act;

Audit Committee means a committee of the Board of Directors established in accordance with paragraph 47 of the Constitution;

Board of Directors means the Board of Directors of the Foundation Trust, constituted in accordance with the Constitution;

Chair means the person appointed in accordance with the Constitution to ensure that the Board of Directors and Council of Governors successfully discharge their overall responsibilities for the Foundation Trust as a whole. The expression "the Chair" shall include the Deputy Chair or any other Non-Executive Director appointed if the Chair or Deputy Chair is absent or is otherwise unavailable;

Chief Executive means the Chief Executive of the Foundation Trust;

Clear Day means a day of the week not including a Saturday, Sunday or public holiday;

Committee means a committee appointed by the Board of Directors;

Conflict shall have the meaning ascribed to "Conflict" in paragraph 40.11.1 of the Constitution;

Constitution means the Queen Victoria Hospital NHS Foundation Trust Constitution and all annexes to it;

Council of Governors means the Council of Governors as constituted in accordance with the Constitution and which has the same meaning as the Council of Governors in paragraph 7 of Schedule 7 to the 2006 Act;

Deputy Chair means the Deputy Chair of the Foundation Trust appointed in accordance with paragraph 36 of the Constitution;

Director means a member of the Board of Directors;

Executive Director means an executive member of the Board of Directors of the Foundation Trust;

Financial Year means each successive period of 12 months beginning with 1 April and ending with 31 March;

Foundation Trust means the Queen Victoria Hospital NHS Foundation Trust;

Funds held on Trust means those funds which the Trust holds at the date of Licence, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under Section 47(2)(c) of the 2006 Act. Such funds may or may not be charitable;

Licence means the licence granted to the Foundation Trust under Section 88 of the 2012 Act;

Meeting Chair means the person presiding over a meeting, committee or event;

Nomination and Remuneration Committee means a committee constituted in accordance with paragraph 37.4 of the Constitution;

Non-Executive Director means a Non-Executive Director of the Foundation Trust;

Officer means an employee of the Foundation Trust or any other person holding a paid appointment or office with the Foundation Trust;

Principal Purpose means the purpose set out in Section 43(1) of the 2006 Act;

Regulatory Framework means the 2006 Act, the Constitution and the Licence;

Secretary means a person whose function shall be to provide advice on corporate governance issues to the Board of Directors, Council of Governors and the Chair and monitor the Foundation Trust's compliance with the Regulatory Framework. The Secretary shall be appointed and removed by the Chief Executive and Chair of the Foundation Trust acting jointly;

Senior Independent Director means a Non-Executive Director appointed in accordance with paragraph 36 of the Constitution;

Pecuniary Interest means an indirect interest in a contract if the Director:

- Or a nominee of the Director, is a member of a company or other body (not being a public body), with which the contract is made, or to be made or which has a direct pecuniary interest in the same; or,
- is a partner, associate or employee of any person with whom the contract is made or to be made or who has a direct pecuniary interest in the same.

The interest of a Director's spouse, civil partner (as defined in the Civil Partnerships Act 2004) or co-habitee shall, if known to the person, be deemed for the purposes of these SOs to be also an interest of the person.

A director shall not be regarded as having a pecuniary interest in any contract if:
neither the Director or any person connected with the Director has any beneficial interest in the securities of a company of which the Director or such person appears as a member; or,

- any interest that the Director or any person connected with them may have in the contract is so remote or insignificant that it cannot reasonably be regarded as likely to influence them in relation to considering or voting on that contract; or
- those securities of any company in which the Director (or any person connected with them) has a beneficial interest do not exceed £5,000 in nominal value or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less.

Any remuneration, compensation or allowance payable to the Chair or a Director by virtue of the 2006 Act shall not be treated as a pecuniary interest for the purpose of these SOs.

Standing Financial Instructions (SFIs) means the Queen Victoria Hospital NHS Foundation Trust's Standing Financial Instructions;

Standing Orders (SOs) means the basic rules and procedures for the Queen Victoria Hospital NHS Foundation Trust's Board of Directors.

2 The Foundation Trust Board of Directors

Composition of the Board of Directors

2.1 The composition of the Board of Directors is set out at paragraph 31 of the Constitution.

Appointment of the Chair and other members of the Board of Directors

2.2 The Chair and other members of the Board of Directors shall be appointed in accordance with paragraphs 34 and 37 of the Constitution.

Terms of office of the Chair and other members of the Board of Directors

2.3 The period of tenure, suspension and removal of the Chair and other members of the Board of Directors shall be in accordance with paragraphs 34, 35, 37 and 38 of the Constitution.

Appointment and powers of the Deputy Chair

2.4 The Deputy Chair shall be appointed in accordance with paragraph 36 of the Constitution.

2.5 Any appointment as Deputy Chair shall be for a period not exceeding the remainder of their existing term of office as a Non-Executive Director or as specified by the Council of Governors on appointment.

2.6 Any Non-Executive Director so appointed may at any time resign from the office of Deputy Chair by giving notice in writing to the Chair. Thereupon, the Council of Governors may appoint another Non-Executive Director as Deputy Chair in accordance with paragraph 36 of the Constitution.

2.7 The Deputy Chair may act as Chair in accordance with paragraph 36.6 of the Constitution or if the Chair of the Foundation Trust has died or has ceased to hold office.

2.8 In the event of circumstances provided by paragraph 36.6 of the Constitution and/or 1.4 of the Standing Orders, references to the Chair in these Standing Orders shall be taken to include references to the Deputy Chair.

Appointment of a Senior Independent Director

2.9 The Board of Directors may appoint a Non-Executive Director to be the Senior Independent Director, for such period, not exceeding the remainder of their term as a member of the Board of Directors, as they may specify on appointment. The appointment for the Senior Independent Directors shall be made in accordance with paragraph 36 of the Constitution.

2.10 If a Non-Executive Director resigns from the office of Senior Independent Director (in accordance with paragraph 36.3 of the Constitution), the Board of Directors may appoint another Non-Executive Director as Senior Independent Director in accordance with the provisions of Standing Order 2.9.

3 Role of members of the Board of Directors

Corporate role of the Board of Directors

3.1 All business shall be conducted in the name of the Foundation Trust.

3.2 All funds received in trust shall be held in the name of the Foundation Trust as corporate trustee.

3.3 The powers of the Foundation Trust established under statute shall be exercised by the Board of Directors meeting in public session except as otherwise provided by paragraph 39 and Annex 6 (Conduct of meetings of the Council of Governors and the Board of Directors) of the Constitution.

3.4 The Board of Directors will function as a corporate decision-making body. Executive and Non-Executive Directors will be full and equal members. Their role as members of the Board of Directors will be to consider the key strategic and managerial issues facing the Foundation Trust in carrying out its statutory and other functions.

3.5 The Foundation Trust has the functions conferred on it by the Regulatory Framework. Directors acting on behalf of the Trust as corporate trustees are acting as quasi trustees. Accountability for Ccharitable Funds held on Trust is to the Charity Commission and to the Regulator. Accountability for non-charitable Funds held on Trust is only to the Regulator.

Chief Executive

3.6 The Chief Executive shall be responsible for the overall performance of the executive functions of the Foundation Trust. The 2006 Act designates the Chief Executive of an NHS foundation trust as the accounting officer. The Chief Executive shall be responsible for ensuring the discharge of obligations under applicable financial directions, the Regulator's guidance and in line with the requirements of the NHS foundation trust accounting officer memorandum.

Finance director

3.7 The finance director shall be responsible for the provision of financial advice to the Foundation Trust and to members of the Board of Directors and for the supervision of financial control and accounting systems. The finance director shall be responsible along with the Chief Executive for ensuring the discharge of obligations under applicable financial directions and the regulator's guidance.

Medical director

3.8 The medical director shall be responsible for effective professional leadership and management of medical staff of the Foundation Trust and shall be the responsible officer for NHS medical revalidation. The medical director shall provide advice to the Chief Executive and the Board of Directors on key strategic medical efficacy issues and matters relating to the medical workforce of the Foundation Trust.

Director of nursing

3.9 The director of nursing shall be responsible for effective professional leadership and management of nursing staff of the Foundation Trust and is the Caldicott guardian. The director of nursing shall provide advice to the Chief Executive and the Board of Directors on

key strategic care quality issues and matters relating to the nursing workforce of the Foundation Trust.

Non-Executive Directors

3.10 The Non-Executive Directors shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Foundation Trust. They may, however, exercise collective authority when acting as the Board of Directors or when chairing a Committee of the Board of Directors which has delegated authority to act on behalf of the Board of Directors.

Chair

3.11 The Chair shall be responsible for the operation of the Board of Directors and shall chair all meetings of the Board of Directors when present. The Chair has certain delegated executive powers. The Chair must comply with the terms of appointment and with these Standing Orders.

3.12 The Chair shall liaise with the Council of Governors and its appointments committee over the appointment of Non-Executive Directors and once appointed shall take responsibility either directly or indirectly for the Non-Executive Directors' induction, portfolio of interests, assignments and performance.

3.13 The Chair shall work in close harmony with the Chief Executive and shall ensure that key and appropriate issues are discussed by the Board of Directors in a timely manner with all the necessary information and advice being made available to the Board of Directors.

3.14 The Chair shall ensure that the designation of lead roles or appointments of members of the Board of Directors as required by the Regulator or as set out in any statutory or other guidance will be made in accordance with that guidance or statutory requirement.

Corporate role of the Council of Governors

3.15 The Council of Governors shall fulfil its statutory duties in accordance with the Regulatory Framework.

Schedule of matters reserved to the Board of Directors and the Scheme of Delegation

3.16 The Board of Directors has resolved that certain powers and decisions may only be exercised by the Board of Directors meeting in formal session. These powers are set out in the Reservation of Powers and Scheme of Delegation and shall have effect as if incorporated into these Standing Orders.

3.17 Subject to the Regulatory Framework and such guidance or best practice as may be issued by the Regulator, the Board of Directors may make arrangements for the exercise of any of its functions by a Committee or sub-committee of the Board of Directors or by a Director or an officer in each case subject to such restrictions and conditions as the Board of Directors considered appropriate. The powers and decisions which the Board of Directors has delegated to Committees, sub-committees, Directors or Officers are set out in the Reservation of Powers and Scheme of Delegation.

4 Meetings of the Board of Directors

Calling meetings

4.1 Subject to Standing Orders 4.2 and 4.3 below, meetings of the Board of Directors shall be held at such times and places as the Board of Directors may determine.

4.2 The Chair may call a meeting of the Board of Directors at any time.

4.3 One third or more of the whole number of members of the Board of Directors may requisition a meeting in writing to the Chair. If the Chair refuses or fails to call a meeting within seven Clear Days of a requisition being presented, the members of the Board of Directors who signed the requisition may forthwith call a meeting of the Board of Directors.

Notice of meetings and the business to be transacted

4.4 Before each meeting of the Board of Directors, a written notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chair or by an Officer authorised by the Chair to sign on their behalf shall be delivered to every Director (this includes email), or sent by post to the usual place of residence of such Director, so as to be available to every Director at least four Clear Days before the meeting

4.5 Want of service of the notice on any Director shall not affect the validity of a meeting.

4.6 In the case of a meeting called by Directors in default of the Chair, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice.

4.7 Before each meeting of the Board of Directors a public notice of the time and place of the meeting, and the public part of the agenda and associated papers shall be published on the Foundation Trust's website at least three (3) Clear Days before the meeting, save in the case of emergencies.

4.8 In the event of an emergency giving rise to the need for an immediate meeting, failure to comply with the notice periods referred to in SO 4.4 and (where relevant SO 4.7 above) shall not prevent the calling of, or invalidate, such a meeting without the requisite notice provided that every effort is made to make personal contact with every Director who is not absent from the United Kingdom and the agenda for the meeting is restricted to matters arising in that emergency.

Setting the agenda

4.9 The Board of Directors may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted ("standing Items").

4.10 A member of the Board of Directors who desires a matter to be included on an agenda, other than a Standing Item or a motion, should make their request in writing to the Chair at least ten (10) Clear Days before the meeting. Requests made less than ten (10) Clear Days before a meeting may be included on the agenda at the discretion of the Chair.

4.11 No business shall be transacted at any meeting of the Board of Directors which is not specified in the notice of that meeting unless the Chair, in their absolute discretion, agrees that the item and (where relevant) any supporting papers should be considered by the

Board of Directors as a matter of urgency. A decision by the Chair to permit consideration of the item in question and (where relevant) the supporting papers shall be recorded in the minutes of that meeting.

Agenda and supporting papers

4.12 Before each meeting of the Board of Directors, an agenda of the meeting and any supporting papers will be provided electronically to each member of the Board of Directors at least three (3) Clear Days before the meeting, save in an emergency. Failure to serve such a notice on more than three (3) Directors will invalidate the meeting.

Petitions

4.13 Where a petition has been received by the Foundation Trust, the Secretary shall include the petition as an item for the agenda of the next meeting of the Board of Directors.

Notice of motion

4.14 A Director desiring to move or amend a Motion shall send a written notice thereof at least ten (10) Clear Days before the meeting to the Chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under these SOs. This paragraph shall not prevent any Motion being moved during the meeting, without notice on any business mentioned on the agenda. A Motion may be proposed by the Chair of the meeting or any member of the Board of Directors present. It must also be seconded by another member of the Board of Directors.

Withdrawal of motion or amendments

4.15 A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

Motion to rescind a resolution

4.16 Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six (6) calendar months shall bear the signature of the member of the Board of Directors who gives it and also the signature of four (4) other members of the Board of Directors. When any such motion has been disposed of by the Board of Directors, it shall not be competent for any member of the Board of Directors other than the Chair to propose a motion to the same effect within six (6) months; however the Chair may do so if they consider it appropriate.

Emergency motions

4.17 Subject to the agreement of the Chair, a member of the Board of Directors may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared by the Chair to the Board of Directors at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

Motions: procedure at and during a meeting

4.18 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

4.19 When a motion is under discussion or immediately prior to discussion it shall be open to a member of the Board of Directors to move:

4.19.1 an amendment to the motion; or

4.19.2 the adjournment of the discussion or the meeting; or

4.19.3 that the meeting proceed to the next item of business; (*) or

4.19.4 the appointment of an ad hoc committee to deal with a specific item of business; or

4.19.5 that the motion be now put (*); or

4.19.6 a motion resolving to exclude the public (including the press).

*In the case of Standing Orders denoted by (*) above to ensure objectivity motions may only be put by a member of the Board of Directors who has not previously taken part in the debate and who is eligible to vote.

4.20 No amendment to the motion shall be admitted if, in the opinion of the Chair, the amendment negates the substance of the motion.

Written motions

4.21 In urgent situations and with the consent of the Chair, business may be effected by a member of the Board of Directors written motion to deal with business otherwise required to be conducted at a meeting of the Board of Directors.

4.22 If all members of the Board of Directors have been notified of the proposal and a simple majority of the member of the Board of Directors entitled to attend and vote at a meeting of the Board of Directors confirms acceptance of the written motion either in writing or electronically to the Secretary within five (5) Clear Days of dispatch then the motion will be deemed to have been resolved notwithstanding that the Directors have not gathered in one place.

4.23 The effective date of the resolution shall be the date that the last confirmation is received by the Secretary and, until that date a member of the Board of Directors who has previously indicated acceptance can withdraw and the motion shall fail.

4.24 Once the resolution is passed, a copy certified by the Secretary shall be recorded in the minutes of the next ensuing meeting where it shall be signed by the person presiding at it.

Chair of meeting

4.25 At any meeting of the Board of Directors, the Chair, if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair (if the board has appointed one), if present, shall preside. If the Chair and any Deputy Chair are absent, such Non-Executive Director as the Chair has previously designated or, in the absence of such designation or the designated Non-Executive Director being absent, as the Directors present choose, will preside.

4.26 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair of the Board of Directors, if present, shall preside. If the Chair and Deputy

Chair of the Board of Directors are absent, or are disqualified from participating, such Non-Executive Director as the Chair has previously designated or, in the absence of such designation or the designated Non-Executive Director being absent (on the grounds of declared conflict of interest or otherwise), as the Directors present shall choose, shall preside.

4.27 If any matter for consideration at a meeting of the Board of Directors relates to the interests of the Chair or the Non-Executive Directors as a class, neither the Chair nor any of the Non-Executive Directors shall preside over the period of the meeting during which the matter is under discussion. The Directors (excluding the Chair and the Non-Executive Directors) shall elect one of the number to preside during that period and that person shall exercise all the rights and obligations of the Chair, including (for the avoidance of doubt) the right to exercise a second or casting vote where the numbers of votes for and against a motion is equal. The Directors shall consider whether in fact the matter for consideration requires referral to the Council of Governors.

Chair's ruling

4.28 The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of these Standing Orders and Standing Financial Instructions will be final.

Quorum

4.29 No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the voting members of the Board of Directors are present, including at least one voting Executive Director and one Non-Executive Director.

4.30 In accordance with Annex 7 (Meetings of the Council of Governors and the Board of Directors – Electronic Communication) of the Constitution, members of the Board of Directors participating in meetings of the Board of Directors by telephone, video or computer link or other such agreed means shall count towards the quorum for so long as the members have the ability to communicate interactively and simultaneously with all members of the Board of Directors in attendance at the meeting, including all member attending by way of electronic communication.

4.31 An officer in attendance for an Executive Director member but without formal acting up status may not count towards the quorum.

4.32 If the Chair or another member of the Board of Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest that individual will no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be voted upon at that meeting. Such a position will be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The above requirement for at least one Executive Director to form part of the quorum shall not apply where the Executive Directors are excluded from a meeting of the Board of Directors (for example when the Board of Directors considers the recommendations of the Remuneration Committee). The requirement for at least one Non-Executive Director to form part of the quorum shall not apply where the Non-Executive Directors are excluded from a meeting of the Board of Directors.

Voting

4.33 Subject to Standing Orders 4.38 to 4.41 or as otherwise provided by the Standing Orders, every question put to vote at a meeting shall be determined by a majority of the votes of the members of the Board of Directors present and voting on the question and in the case of the number of votes for and against a motion being equal, the Chair of the meeting shall have a second or casting vote.

4.34 At the discretion of the Chair, all questions put to the vote will be determined by oral expression or by a show of hands. Any voting member of the Board of Directors attending by telephone, video or computer link shall cast their vote verbally and such action shall be recorded in the minutes of the meeting.

4.35 If at least one-third of the voting members of the Board of Director so request, the voting (other than by paper ballot) on any question may be recorded to show how each members present voted or abstained.

4.36 A paper ballot may be used if a majority of the voting members of the Board of Directors present so request, in which case any person attending by telephone, video or computer link shall cast their vote verbally and such action shall be recorded in the minutes of the meeting. If a Director so requests, their vote shall be recorded by name.

4.37 An officer, who has been appointed formally by the Board of Directors to act up for a voting Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy, will be entitled to exercise the voting rights of the Executive Director. An officer attending the meeting of the Board of Directors to represent a voting Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Member. An officer's status when attending a meeting will be recorded in the minutes of the meeting.

4.38 In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.

Suspension of Standing Orders

4.39 Except where this would contravene any statutory provision of the Regulatory Framework or any guidance or best practice issued by the Regulator, any one or more of these Standing Orders may be suspended at any meeting of the Board of Directors, provided that at least two-thirds of the whole number of the voting members of the Board of Directors are present (including at least one voting Executive Director and one Non-Executive Director) and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension will be recorded in the minutes of the meeting.

4.40 A separate record of matters discussed during the suspension of Standing Orders will be made and will be available to the Chair and members of the Board of Directors. This record of matters is separate from the minutes of the meeting of the Board of Directors.

4.41 No formal business may be transacted while Standing Orders are suspended.

4.42 The audit committee shall review every decision to suspend Standing Orders.

Variation and amendment of Standing Orders

4.43 These Standing Orders may be amended only if:

1. a notice of motion under Standing Orders 4.14 has been given;

2. upon a recommendation of the Chair or Chief Executive included on the agenda for the meeting of the Board of Directors;

3. at least two-thirds of the member of the Board of Directors are present at the meeting where the variation is being discussed;

4. at least half of the Non-Executive Directors vote in favour of the amendment; and

5. the variation proposed does not contravene a statutory provision, direction or guidance or best practice advice issued by the Regulator, or the terms of the Foundation Trust's Constitution.

Minutes

4.44 The names of the Chair and members of the Board of Directors present shall be recorded in the minutes of the meeting.

4.45 The minutes of the proceedings of a meeting of the Board of Directors will be drawn up by the Secretary and submitted for agreement at the next ensuing meeting of the Board of Directors, to be signed by the person presiding at it.

4.46 No discussion will take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendments to the minutes shall be agreed and recorded at the next meeting.

Admission of the public and the press

4.47 The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Board of Directors but shall be required to withdraw upon the board resolving as follows:

"*That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest*".

4.48 The Chair or person presiding over the meeting of the Board of Directors will give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board of Directors' business can be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public and representatives of the press will be required to withdraw upon the Board of Directors resolving as follows:

"*That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Board of Directors to complete its business without the presence of the public or press".*

4.49 Matters to be dealt with by the Board of Directors following the exclusion of representatives of the press, and other members of the public, shall be confidential to the members of the Board of Directors, nominated officers, officers and/or others in attendance at the request of the Chair shall not reveal or disclose the content of papers or reports presented, or any discussion on these generally, which take place while the public and press are excluded, without the express permission of the Chair.

Use of equipment for recording or transmission of meetings

4.50 Nothing in these Standing Orders shall require the Board of Directors to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place, without the prior agreement of the Board of Directors.

Observers

4.51 The Board of Directors will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any meetings of the Board of Directors and may change, alter or vary these terms and conditions as it deems fit.

5 Committees

5.1 Subject to the Regulatory Framework and such guidance issued by the Regulator, the Board of Directors may and, if directed by the Regulator shall, appoint Committees of the Trust, consisting wholly or partly of members of the Board of Directors of the Trust. The Board of Directors may only delegate its powers to such a Committee if that Committee consists entirely of Directors of the Trust.

5.2 A committee or joint committee appointed under this Standing Order 5 may, subject to the Regulatory Framework and such guidance and/or best practice advice as may be issued by the Regulator or the Board of Directors or other Health Service Bodies in question, appoint sub-committees consisting wholly or partly of members of the Committee (whether or not they are members of the Board of Directors); or wholly of persons who are not members of the Board of Directors subject to the same proviso as in this Standing Order 6.3 to 6.5 relating to membership of the Committee and delegation of powers.

5.3 The Standing Orders, as far as they are applicable, shall apply with appropriate alteration to meetings of any Committees or sub-committees established by the Board of Directors. In such a case the term "Chair" is to be read as a reference to the Chair of the Committee or sub-committee as the context permits, and the term "Director" is to be read as a reference to a member of the Committee also as the context permits. (There is no requirement to hold meetings of Committees or sub-committees established by the Foundation Trust in public.)

5.4 The Board of Directors shall approve the appointments to each of the Committees, which it has formally constituted. Where the Board of Directors determines and regulations permit that persons, who are neither Directors nor officers, shall be appointed to a Committee the terms of such appointment shall be determined by the Board of Directors as defined by the Regulatory Framework. The Board of Directors shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with its Constitution. The Board of Directors may elect to change the committees, sub-committees and joint-committees of the Board of Directors, as necessary, without requirement to amend these Standing Orders.

5.5 The Board of Directors shall also determine the terms of reference of Committees and sub-committees and shall, if it requires to, receive and consider reports of such Committees

5.6 The Committees established by the Board of Directors are:

1. Audit Committee (also in accordance with paragraph 47 of the Constitution)

2. Nomination and Remuneration Committee (also in accordance with paragraphs 37.3 and 37.4 of the Constitution)

5.7 In addition, the Board of Directors shall establish and maintain the following Committees:

1. Finance and Performance Committee

2. Quality and Governance Committee

~~Charity Committee~~

3. Digital Committee.

5.8 The Board of Directors may also establish such Committees as it requires to discharge the Foundation Trust's responsibilities.

5.9 Terms of reference for Committees established by the Board of Directors will be reviewed annually, approved by the Board of Directors and published on the Foundation Trust's website.

Appointments for statutory functions

5.10 Where the Board of Directors is required to appoint persons to a Committee and/or to undertake statutory functions as required by the Regulator, and where such appointments are to operate independently of the Board of Directors, such appointment shall be made in accordance with the regulations and directions issued by the Regulator.

Joint committees[1]

5.11 Joint committees may be appointed by the Board of Directors, by joining together with one or more bodies consisting of, wholly or partly of the Chair and Directors of the Foundation Trust or other bodies, or wholly of persons who are not Directors of the Trust or other bodies in question.

5.12 Any Committee or joint committee appointed under this Standing Order may, subject to such directions or guidance as may be issued by the Regulator or the Foundation Trust, appoint sub-committees consisting wholly or partly of members of the Committee(s) or joint committee(s) or wholly of other persons provided that the Foundation Trust is always represented by an Executive Director on such Committees, joint committees or sub-committees.

Terms of reference

5.13 Each such Committee and sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting to the Board of Directors) as the Board of Directors shall decide and shall be in accordance with any legislation and/or guidance and/or best practice issued by the Regulator. Such terms of reference shall have effect as if incorporated in the Standing Orders. Where Committees are authorised to establish sub-committees they may not delegate executive powers to sub-committee unless expressly authorised by the Board of Directors.

Delegation of powers

5.14 Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Board of Directors.

5.15 In the event of an urgent decision required by the Board of Directors or a sub-committee, such a decision can be considered by a Committee by email or other electronic correspondence. This is subject to the quorum of the Board of Directors or sub-committee endorsing the required decision.

Confidentiality

5.16 A member of a committee, sub-committee or joint committee shall not disclose a matter dealt with, by, or brought before, the committee without its permission until the Committee,

[1] Please note that all decisions of the joint committee will need to be ratified by the Board of Directors

sub-committee or joint committee (as appropriate) shall have reported to the Board of Directors or shall otherwise have concluded on that matter.

5.17 A Director or a member of a committee, sub-committee or joint committee shall not disclose any matter reported to the Board of Directors or otherwise dealt with by the committee, sub-committee or joint committee, notwithstanding that the matter has been reported or action has been concluded, if the Board of Directors or committee, sub-committee or joint committee shall resolve that it is confidential.

6 Arrangements for the exercise of board functions by delegation

6.1 Subject to the Regulatory Framework and such guidance or best practice as may be issued by the Regulator, the Board of Directors may make arrangements for the exercise of any of its functions by a committee or sub-committee or by a Director or an officer of the Foundation Trust in each case subject to such restrictions and conditions as the Board of Directors considers appropriate.

Emergency powers

6.2 The powers which the Board of Directors has reserved to itself within these Standing Orders may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Board of Directors in public session for formal ratification (unless for reasons of the nature of the information for example it is privileged, not disclosable or of commercial sensitivity when it will need to go to the confidential session). The Board of Directors may also instruct the Chair to take certain actions and report back to a subsequent meeting.

Delegation to Committees

6.3 The Board of Directors shall agree from time to time to the delegation of executive powers to be exercised by Committees, or sub-committees, or joint committees, which it has formally constituted in accordance with the Constitution. The Constitution and the terms of reference of these Committees, or sub-committees, or joint committees, and their specific executive powers shall be approved by the Board of Directors.

6.4 When the Board of Directors is not meeting as the Foundation Trust in public session it shall operate as a Committee and may only exercise such powers as may have been delegated to it by the Foundation Trust in public session.

Delegation to Officers

6.5 Those functions of the Foundation Trust which have not been retained as reserved by the Board of Directors or delegated to a Committee or sub-committee or joint committee shall be exercised on behalf of the Foundation Trust by the Chief Executive. The Chief Executive shall determine which functions they will perform personally and shall nominate officers to undertake the remaining functions for which they will still retain accountability to the Foundation Trust.

6.6 The Chief Executive shall prepare the Scheme of Delegation and Reservation of Powers identifying their proposals, which shall be considered and approved by the Board of Directors, subject to any amendment, agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation and Reservation of Powers which shall be considered and approved by the Board of Directors.

6.7 Nothing in the Scheme of Delegation and Reservation of Powers shall impair the discharge of the direct accountability to the Board of Directors of the Finance Director to provide information to and advise the Board of Directors in accordance with statutory requirements. Outside these statutory requirements, the Finance Director shall be accountable to the Chief Executive for operational matters.

6.8 The arrangements made by the Board of Directors as set out in the Scheme of Delegation and Reservation of Powers shall have effect as if incorporated in these SOs, but for the avoidance of doubt, neither these SOs nor the Scheme of Delegation and Reservation of Powers form part of the Constitution.

Duty to report non-compliance with Standing Order

6.9 If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board of Directors for action or approval. All members of the Board of Directors and officers have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

7 Declaration of interests

7.1 These Standing Orders and Standing Financial Instructions must be read in conjunction with paragraph 40 and Annex 8 (Conflicts of Interest of Governors and Directors) of the Constitution which shall have effect as if incorporated in this Standing Order.

7.2 Notwithstanding the application of paragraph 40 of the Constitution, all members of the Board of Directors should declare the nature and extent of all relevant and material interests on appointment to the Foundation Trust and thereafter at the beginning of each financial year and when a declaration becomes inaccurate, incomplete or obsolete. Directors' interests should be recorded in the Board of Directors' minutes. Any changes of interests should be declared at the next meeting of the Board of Directors following the change occurring, recorded in the minutes of that meeting and added to the register of interests.

7.3 It is the obligation of the Director to inform the Secretary of the Trust in writing within seven (7) days of becoming aware of the existence of a relevant or material interest. The Secretary will amend the register of interest of Directors.

7.4 If members of the Board of Directors have any doubt about the relevance of an interest, this should be discussed with the Secretary or Chair.

7.5 During the course of a Board of Directors meeting, if a conflict of interest is established, the Director concerned should withdraw from the meeting and play no part in the relevant discussion or decision. For the avoidance of doubt, this includes voting on such an issue where a conflict is established. If there is a dispute as to whether a conflict of interest does exist, a majority will resolve the issue with the Chair having the casting vote.

Disability of Chair and Directors in proceedings on account of pecuniary interest

7.6 Subject to the provisions of this Standing Order, if the Chair or a member of the Board of Directors has any Pecuniary Interest, direct or indirect, in any contract, proposed contract or other matter is present a meeting of the Board of Directors at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable

after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

7.7 Subject to applicable legislation, the Regulator may, subject to such conditions as it may think fit to impose, remove any disability imposed by this standing order in any case in which it appears to it in the interests of the National Health Service that the disability should be removed

7.8 The Board of Directors may exclude the Chair or a member of the Board of Directors from a meeting of the Board of Directors while any contract, proposed contract or other matter in which they have a Pecuniary Interest is under consideration.

7.9 This standing order applies to a Committee or a sub-committee and a joint committee as it does to the Board of Directors and applies to a member of any such Committee (whether or not they are also a Director) as it applies to a member of the Board of Directors.

Interests of officers in contracts

7.10 Any Director or Officer of the Foundation Trust who comes to know that the Foundation Trust has entered into or proposes to enter into a contract in which they or their spouse, civil partner or co-habitee has any Pecuniary Interest, direct or indirect, the Director or officer shall declare their interest by giving notice in writing of such fact to the Secretary as soon as practicable.

7.11 A Director or Officer should also declare to the Secretary any other employment or business of other relationship of theirs, or of their spouse, civil partner or co-habitee that conflicts, or might reasonably be predicted could conflict with the interests of the Foundation Trust.

7.12 The Foundation Trust will require interests, employment or relationships so declared to be entered in a register of interests of members of staff.

Fit and proper person test

7.13 As established by Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("**the Regulations**"), the Trust has a duty not to appoint a person or to allow a person to continue to be an Executive Director or equivalent or a Non-Executive Director of the Trust under given circumstances known as the “fit and proper persons test”.

7.14 In accordance with its fit and proper person requirements policy, the Trust requires Executive and Non-Executive Directors of the Board of Directors to declare on appointment and thereafter annually that they remain a fit and proper person to be employed as a Director.

7.15 If members of the Board of Directors have any doubt about the Regulations or declarations, this should be discussed with the Secretary or Chair.

7.16 The consequences of false, inaccurate, or incomplete information by individuals subject to the Regulations may be their removal from office pending the outcome of an investigation.

Duty of candour

7.17 As established by Regulation 20 of the Regulations, the Trust has a duty to act in an open and transparent way with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

7.18 In accordance with its being open / duty of candour policy, the Trust requires that all relevant Officers apply the following key principles of candour when communicating with patients, their families and carers following a patient safety incident, complaint or claim where a patient was harmed:

1. acknowledge, apologise and explain when things go wrong;

2. conduct a thorough investigation into the patient safety incident and reassuring patients, their families and carers that lessons learned will help prevent the patient safety incident recurring;

3. provide support for those involved to cope with the physical and psychological consequences of what happened.

Canvassing of and recommendations by Directors in relation to appointments

7.19 Directors or members of any Committee of the Board of Directors may be approached by candidates wishing to increase their understanding of the organisation during the appointment process. Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the appointing panel or committee.

7.20 Directors shall not solicit for any person any appointment under the Foundation Trust or recommend any person for such appointment; but this Standing Order shall not preclude a Director from giving written testimonial of a candidate's ability, experience or character for submission to the Foundation Trust.

Relatives of Directors or Officers

7.21 Candidates for any staff appointment under the Foundation Trust shall, when making an application, disclose in writing to the Chief Executive whether they are related to any Director or the holder of any office under the Foundation Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render them liable to instant dismissal.

7.22 The Chair and every Director and officer of the Foundation Trust shall disclose to the Chief Executive any relationship between themself and a candidate of whose candidature that Director or officer is aware. It shall be the duty of the Chief Executive to report to the Board of Directors on any such disclosure made.

7.23 Prior to acceptance of any appointment, Executive Directors should disclose to the Chief Executive whether they are related to any other Director or holder of any office under the Foundation Trust.

7.24 On appointment, Directors should disclose to the Board of Directors whether they are related to any other Director or holder of any office under the Foundation Trust.

7.25 Where the relationship to a Director of the Foundation Trust is disclosed, Standing Orders in respect to the 'Disability of Chair and Directors in proceedings on account of pecuniary interest' shall apply.

8 Standards of business conduct policy

8.1 Directors and officers should comply with the Foundation Trust's standards of business conduct policy and relevant codes of conduct.

8.2 Members of the Board of Directors must also comply with the Foundation Trust's annual declarations by Directors process.

9 Overlap with other policy statements, procedures, regulations and standing financial instructions

Policy statements: general principles

9.1 The Board of Director, Committees, sub-committees and joint committees will from time to time agree and approve policy statements and procedures which will apply to all or specific groups of officers of the Foundation Trust. The decisions to approve such policies and procedures will be recorded in an appropriate meeting minutes and will be deemed where appropriate to be an integral part of the Foundation Trust's Standing Orders and Standing Financial Instructions.

Specific policy statements

9.2 These Standing Orders and the Standing Financial Instructions should be read in conjunction with the following policy statements:

1. Standards of business conduct policy
2. Disciplinary policy and procedure
3. Appeals policy and procedure
4. Raising concerns (whistleblowing) policy

all of which shall have effect as if incorporated in these Standing Orders.

Specific guidance

9.3 These Standing Orders and the Standing Financial Instructions must be read in conjunction with current legislation and guidance and any other relevant guidance issued by the Regulator.

10 Custody of seal and sealing of documents

Custody of seal

10.1 The Secretary shall keep the seal of the Foundation Trust in a secure place.

Sealing of Documents

10.2 Documents can only be sealed once they have been authorised by a resolution of the Board of Directors or of a committee thereof, or where the Board of Directors has delegated its powers.

10.3 Building, engineering, property or capital documents do not require authorisation by Board of Directors or a committee thereof, but before presenting for seal these documents do require the approval and signature of the Finance Director (or an officer nominated by them) and the authorisation and countersignature of the Chief Executive (or an officer nominated by them who shall not be within the originating directorate).

10.4 The fixing of the seal shall be authenticated by the signature of the Chair (or the Deputy Chair in the absence of the Chair) and one Executive Director.

Register of sealing

10.5 An entry of every sealing shall be made in a record provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealings shall be made to the Board of Directors at least annually. The report shall contain details of the description of the document and date of sealing.

11 Signature of documents

11.1 Where any document will be a necessary step in legal proceedings on behalf of the Foundation Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or nominated Executive Director.

11.2 The Chief Executive or nominated officers shall be authorised, by resolution of the Board of Directors, to sign on behalf of the Foundation Trust any agreement or other document not requested to be executed as a deed, the subject matter of which has been approved by the Board of Directors or any Committee, sub-committee or joint committee with delegated authority.

12 Miscellaneous

Standing Orders to be given to Directors and Officers

12.1 It is the duty of the Chief Executive to ensure that existing Directors and Officers and all new appointees are notified of and understand their responsibilities within SOs and SFIs. Updated copies shall be issued to staff designated by the Chief Executive. New designated Officers shall be informed in writing and shall receive copies where appropriate of SOs.

Documents having the standing of Standing Orders

12.2 SFIs and the Scheme of Delegation shall have effect as if incorporated into these Standing Orders.

Review of Standing Orders

12.3 Standing Orders shall be reviewed annually by the Board of Directors. The requirement for review extends to all documents having the effect as if incorporated in the Standing Orders.

Joint finance arrangements

12.4 The Board of Directors may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under Section 75 of the 2006 Act. The Board of Directors may confirm contracts to transfer money from the NHS to the voluntary sector or the health related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services, using its powers under Section 75 of the 2006 Act.

Queen Victoria Hospital
NHS Foundation Trust

Queen Victoria Hospital NHS Foundation Trust

Reservation of powers and scheme of delegation

Effective from ~~7 July 2022~~ 132 January 2023

1. Introduction

1.1. The *NHS foundation trust code of governance* requires the board of directors of NHS foundation trusts to draw up a "schedule of matters specifically reserved for its decision" (2014, A.1.1) ensuring that management arrangements are in place to enable the clear delegation of its other responsibilities.

1.2. The purpose of this document is to provide details of the powers reserved to the Board of Directors, and those delegated to the appropriate level for the detailed application of trust policies and procedures. However, the Board of Directors remains accountable for all of its functions, including those which have been delegated, and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

1.3. All powers of the trust which have not been retained as reserved by the Board of Directors or delegated to a committee or sub-committee of the Board of Directors shall be exercised on behalf of the Board of Directors by the chief executive. The scheme of delegation identifies those functions, which the chief executive shall perform personally and those which are delegated to other Directors and Officers. All powers delegated by the Chief Executive can be re-assumed by him/her should the need arise.

1.4. Where the Trust Board or one of its committees has reached a decision under its terms of reference, the subsequent documentation committing the Trust to that decision will be signed by the Chair of the committee or the Chief Executive.

1.5. It should be emphasised that the financial delegations in themselves give no power to act. The power to act up to the limits prescribed, derives from approved annual plans and budgets and, where applicable, authorised capital and revenue business cases.

1.6. Each corporate function is constrained by its agreed annual plan, which governs staffing, facilities and financial resources. Corporate functions may not exceed agreed budgets or deviate from approved plans without prior agreement of the Chief Executive.

1.7. All projects are bound by these schemes of delegation even where funded partly or wholly from charitable or third party funds. Approval for business cases, and subsequent approval to commit expenditure must be in strict accordance with the detailed scheme of delegation, in addition to the requirement for approval to release funds which are set out in the Trust's charitable fund procedures.

1.8. This document covers only matters delegated by the Trust to its senior Officers. Each Director is responsible for delegations within their function and should produce their own scheme of delegation, which should be distributed to all relevant staff, including the finance department.

1.9. Director schemes of delegation may not exceed the limits set out in this framework but they may restrict delegation further. All such schemes of delegation should include the requirement that all officers with delegated authority must make formally documented arrangements to cover their delegations in circumstances where they are absent for more than 48 hours.

Caution over the use of delegated powers

1.10. Powers are delegated to Directors and Officers on the understanding they will not exercise delegated powers in a manner which in their judgement is likely to be a cause for public concern.

Directors' ability to delegate their own delegated powers

1.11. The Scheme of Delegation shows only the 'top level' of delegation within the Trust. The Scheme of Delegation is to be used in conjunction with the system of budgetary control and other established procedures within the Trust. A Director's delegated power may be delegated to designated deputies.

Absence of Directors (or deputy) or Officer to whom powers have been delegated

1.12. In the absence of a Director or deputy/Officer to whom powers have been delegated, those powers shall be exercised by that Director or Officer's superior unless alternative arrangements have been identified in the Scheme of Delegation or approved by the Director/Officer's superior.

1.13. In circumstances where the Chief Executive has not nominated an Officer to act in his/her absence, the Board of Directors shall nominate an Officer to exercise the powers delegated to the Chief Executive in his/her absence.

Definition and interpretations

1.14. Words importing the singular shall import the plural and vice-versa in each case.

1.15. In this document:

Budget manager means an Officer with clear delegated authority from a Director or level 2 manager to manage income and/or expenditure budgets. Delegated authority only applies to a budget manager's specific area of the Trust for which they are responsible for the budget.

Chief Executive means that, as Accounting Officer, the Chief Executive is accountable for the funds entrusted to the Trust. The Chief Executive has overall responsibility for the Trust's activities, is responsible to the Board of Directors for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control. The Chief Executive should also ensure that he/she complies with the NHS foundation trust accounting officer memorandum.

Director means a Director of the Trust who is a voting member of the Trust Board (Chief Executive, Director of Finance and, Medical Director and Director of Nursing).

Executive management team means the executive directors of the Board of Directors, the director of operations, the director of workforce and organisational development and the director of communications and corporate affairs

Hospital Management Team means the Clinical Directors and the decision making senior team of the Trust including all directors

Level 2 manager means Officers in the following posts, in relation to their own area of the Trust only:

- General managers
- Deputies to Directors (when not formally deputising in the Director's absence)
- Heads of functions directly reporting to a Director (e.g. head of commerce, medical workforce manager).

1.16. Unless specified otherwise, all amounts set out in this document exclude Value Added Tax (VAT).

2. Reservation of powers to the Board of Directors

2.1	**General enabling provision**	2.1.1 The Board of Directors may determine any matter it wishes within its statutory powers at a meeting of the Board of Directors convened and held in accordance with the Standing Orders for the Board of Directors. The Board of Directors also has the right to determine that it is appropriate to resume its delegated powers.
2.2	**Regulation and control**	2.2.1 Approve Standing Orders (SOs), a schedule of matters reserved to the Board of Directors and Standing Financial Instructions (SFIs) for the regulation of its proceedings and business and other arrangements relating to standards of business conduct. 2.2.2 Approve a Scheme of Delegation of powers from the Board of Directors to Officers which has been prepared by the Chief Executive under SO 6.5 (Delegation to Officers) of the SOs. 2.2.3 Delegate executive powers to be exercised by committees or sub-committees, or joint committees of the Board of Directors, and the approval of the terms of reference and specific executive powers of such committees under SO 6.3 (Delegation to committees) of the SOs.

		2.2.4 Require and receive the declarations of interest of members of the Board of Directors which may conflict with those of the Trust and determine the extent to which a member of the Board of Directors may remain involved with the matter under discussion. 2.2.5 Approve arrangements for dealing with complaints. 2.2.6 Approve disciplinary procedure for Officers of the Trust. 2.2.7 Adopt the organisational structures, processes and procedures to facilitate the discharge of business by the Trust and agree modifications thereto. For clarity, this will comprise of details of the structure of the Board of Directors and its committees and sub-committees. Organisational structures below Executive Director are the responsibility of the Chief Executive who may delegate this function as appropriate. 2.2.8 Ratify any urgent or emergency decisions taken by the Chair and Chief Executive in accordance with SO 3.4 (Emergency Powers) of the SOs. 2.2.9 Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust. 2.2.10 Approve arrangements relating to the discharge of the Trust's Responsibilities as a bailee for patients' property. 2.2.11 Approve proposals of the Nomination and Remuneration Committee regarding Board members and senior Officers and those of the Chief Executive for Officers not covered by the Nomination and Remuneration Committee. 2.2.12 Discipline Executive Directors who are in breach of statutory requirements or the SOs. 2.2.13 Subject to the provisions of paragraph 5 below, the authorisation of the use of the Seal.

		2.2.14 Suspension of the SOs. 2.2.15 Amendment of the Constitution, in accordance with the Constitution (amendments are subject to approval from the Council of Governors). 2.2.16 Approval and authorisation of institutions in which cash surpluses may be held.
	Committees	2.3.1 Appoint and dismiss committees of the Trust that are directly responsible to the Board of Directors. 2.3.2 Establish terms of reference and reporting arrangements for all committees of the Board. 2.3.3 Appoint and remove members of all committees or sub-committee of the Board of Directors or the appointment of Trust representative to third party organisations. 2.3.4 Receipt of reports from committees of the Trust including those which the Trust is required by its Constitution, or by the Regulator or by the Secretary of State, or by any other legislation, regulations, directions, or guidance to establish and to take appropriate action thereon. 2.3.5 Confirm the recommendations of the Trust's committees where the committees do have executive powers.
2.4	**Strategy, business plans and budgets**	2.4.1 Define the strategic aims and objectives of the Trust. 2.4.2 Approve the Trust's forward plan and budget in respect of each financial year setting out the application of available financial resources. 2.4.3 Approve and monitor the Trust's policies and procedures for the management of risk. Approve key strategic risks.

		2.4.4 Subject to paragraph 54 (Significant Transactions) of the Constitution, ratify proposals for the acquisition, disposal or change of use of land and/or buildings or the creation of any mortgage charge or other security over any asset of the Trust. 2.4.5 Approve proposals for ensuring quality and developing clinical governance and risk management in services provided by the Trust, having regard to the guidance issued by the Regulator and/or the Secretary of State. 2.4.6 Approve proposals for ensuring equality and diversity in both employment and the delivery of services. 2.4.7 Approve the Trust's investment policy and authorise institutions with which cash surpluses may be held. 2.4.8 Approve the Trust's borrowing policy, which will include other long term financing arrangements such as leases. 2.4.9 Authorise any necessary variations to total budget spend of capital schemes of more than 10% or £25,000, whichever is the greater. Authorise any increase in the total capital programme. 2.4.10 Approve the Trust's banking arrangements. 2.4.11 Approve the Trust's Annual Business Plan. 2.4.12 Consider a merger, acquisition, separation or dissolution of the Trust. An application for a merger, acquisition, separation or dissolution of the Trust may only be made with the approval of more than half the members of the Council of Governors. 2.4.13 Consider a significant transaction as defined in the Constitution. A significant transaction may only be entered into if approved by more than half of the members of the Council of Governors voting in person at a meeting of the Council of Governors.

2.5	**Monitoring**	2.5.1 Continuously appraise the affairs of the Trust by means of the receipt of reports as it sees fit from members of the Board of Directors, committees, and Officers of the Trust. All monitoring returns required by the Regulator and the Charity Commission shall be reported, at least in summary, to the Board of Directors. 2.5.2 Consider and approve the Trust's Annual Report and Annual Accounts, prior to submission to the Council of Governors and the Regulator. 2.5.3 Receive and approve the Annual Report and Accounts for funds held on trust. 2.5.4 Receive reports from the Director of Finance on financial performance against budget and the annual business plan. 2.5.5 All monitoring returns required by the Department of Health and the Charity Commission shall be reported, at least in summary, to the Board.
2.6	**Audit arrangements**	2.6.1 Receive reports of Audit Committee meetings and take appropriate action. 2.6.2 Receive the annual management letter from the external auditor and agree action on the recommendations where appropriate of the Audit Committee. 2.6.3 Receipt of a recommendation of the Audit Committee in respect of the appointment of Internal Auditors (note: the recommendation in respect of External Auditors is made by the Audit Committee to the Council of Governors),
2.7	**Policy determination**	2.7.1 Approve management policies including personnel policies incorporating the arrangements for the appointment, removal and remuneration of Officers.

3. Committee delegation

The Board of Directors may determine that certain powers shall be exercised by committees of the Board of Directors. The composition and terms of reference of such committees shall be determined by the Board of Directors from time to time taking into account where necessary the requirements of the Regulator and/or the Charity Commission (including the need to appoint an Audit Committee and a Remuneration Committee). The Board of Directors shall determine the reporting requirements in respect of these committees. In accordance with the SOs committees of the Board of Directors may not delegate executive powers to sub-committees unless expressly authorised by the Board of Directors. The Board of Directors have delegated decisions/duties to the following committees:

- Audit Committee
- Nomination and Remuneration Committee
- Charity Committee
- Quality and Governance Committee
- Finance and Performance Committee
- Digital Committee

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A list of committees, along with their terms of reference, shall be maintained by the Deputy Company Secretary.

	Committee	Delegated items	Related documents
3.1	**Audit committee**	3.1.1 The Committee is authorised by the Board of Directors to: 3.1.1.1 investigate any activity within its terms of reference; 3.1.1.2 commission appropriate independent review and studies;	SFIs 3.2, SO 5.6

		3.1.1.3 seek relevant information from within the Trust and from all Officers; 3.1.1.4 Obtain relevant legal or other independent advice and to invite professional with relevant experience and expertise to attend meetings of the Audit Committee. 3.1.1.5 Approve specific policies and procedures relevant to the committee's remit; 3.1.2 The purpose of the Committee is the scrutiny of the organisation and maintenance of an effective system of governance, risk management and internal control. This should include financial, clinical, operational and compliance controls and risk management systems. 3.1.3 The Committee is responsible for maintaining an appropriate relationship with the Trust's internal and external auditors.	
3.2	**Nomination and remuneration committee**	3.2.1 The Committee is authorised by the Board of Directors to: 3.2.1.1 Appoint or remove the chief executive, and set the remuneration and allowances and other terms and conditions of office of the chief executive 3.2.1.2 Appoint or remove the other executive directors and set the remuneration and allowances and other terms and conditions of office of the executive directors, in collaboration with the chief executive. 3.2.1.3 consider any activity within its terms of reference; 3.2.1.4 seek relevant information from within the Trust; 3.2.1.5 instruct independent consultants in respect of Executive Director remuneration; 3.2.1.6 request the services and attendance of any other individuals and authorities within relevant experience and expertise if it considers this necessary to exercise its functions.	SFI 10.1, SO 5.6

		3.2.2 On behalf of the Board of Directors, the Committee has the following responsibilities: 3.2.2.1 to identify and appoint candidates to fill posts within its remit as and when they arise; 3.2.2.2 to be sensitive to other pay and employment conditions in the Trust; 3.2.2.3 to keep leadership needs of the Trust under review at executive level to ensure the continued ability of the Trust to operate effectively in the health economy; 3.2.2.4 to give full consideration to and make plans for succession planning for the Chief Executive and other Executive Directors; 3.2.2.5 to sponsor the Trust's leadership development and talent management programmes;	
3.3	**Charity committee**	3.3.1 The Committee will: 3.3.2 Ensure Funds Held on Trust (charitable funds) are managed in accordance with the Trust's SOs and SFIs, as approved by the Board of Directors. 3.3.3 Receive regular reports from the Director of Finance covering: 3.3.3.1 Number and value of funds 3.3.3.2 Purpose of funds 3.3.3.3 Income and expenditure analysis 3.3.4 Approve specific policies and procedures relevant to the committee's remit, and review the Annual Accounts prior to submission to the Corporate Trustee for formal approval 3.3.5 Ensure that the requirements of the Charities Acts and the Charities Commission are met and approve submissions required by regulators and auditors	

3.4	**Quality and governance committee**	3.4.1 The Board of Directors has delegated authority to the Committee to take the following actions on its behalf: 3.4.1.1 approve specific policies and procedures relevant to the Committee's purpose, responsibilities and duties; 3.4.1.2 engage with the Trust's auditors in cooperation with the Audit Committee; 3.4.1.3 seek any information it requires from within the Trust and to commission independent reviews and studies if it considers these necessary. 3.4.2 On behalf of the Board of Directors, the Committee will be responsible for the oversight and scrutiny of : 3.4.2.1 the Trust's performance against the three domains of quality, safety, effectiveness and patient experience; 3.4.2.2 compliance with essential regulatory and professional standards, established good practice and mandatory guidance; 3.4.2.3 delivery of national, regional, local and specialist care quality (CQUIN) targets.	
3.5	**Finance and performance committee**	3.5.1 The Board of Directors has delegated authority to the Committee to take the following actions on its behalf: 3.5.1.1 Approve specific policies and procedures relevant to the committee's remit; 3.5.1.2 Review, by way of the finance report, the submission of monthly monitoring reports to the regulator; 3.5.1.3 Approve other exception or ad-hoc reports required by the regulator;	

		3.5.1.4 Recommend to the Board the submission of the Trust's annual plan to the regulator; and 3.5.1.5 Seek any information it requires from within the Trust and to commission independent reviews and studies if it considers these necessary. 3.5.2 On behalf of the Board of Directors, the Committee will be responsible for the oversight and scrutiny of the Trust's: 3.5.2.1 monthly financial and operational performance; 3.5.2.2 estates and facilities strategy and maintenance programme; and ~~3.5.2.3 information management and technology (IM&T) strategy, performance and development.~~ 3.5.3 The Committee will make recommendations to the Board of Directors in relation to: 3.5.3.1 capital and other investment programmes; 3.5.3.2 cost improvement plans; and 3.5.3.3 Business development opportunities and business cases except for digital business cases.	
3.6	**Digital Committee**	3.6.1 On behalf of the Board of Directors, the committee will be responsible for the oversight and scrutiny on the Trust's d~~D~~igital programme to include~~:~~ • 3.6.1.1 Delivery of the QVH i~~I~~nformation management and technology ~~and digital~~ (IM&T) strategy, performance and development • 3.6.1.2 All digital projects and programmes across the Trust	

		3.6.2 The committee will make recommendations to the Board of ~~d~~Directors in relation to ~~:~~ ~~3.6.2.1~~ IM&T and other digital business cases 3.6.3 Digital activity is that related to the design, development and operation of complex IT and data systems.	

Board member delegation

	Board member	Duties delegated
4.1	Chief executive	4.1.1 Accounting Officer to Parliament for stewardship of Trust resources. 4.1.2 Sign the accounts on behalf of the Board of Directors. 4.1.3 Ensure effective management systems that safeguard public funds and assist the Chair to implement requirements of corporate governance including ensuring managers: 4.1.3.1 Have a clear view of their objectives and the means to assess achievements in relation to those objectives 4.1.3.2 Be assigned well defined responsibilities for making best use of resources 4.1.3.3 Have the information, training and access to the expert advice they need to exercise their responsibilities effectively.
4.2	Chief executive and director of finance	4.2.1 Ensure the accounts of the Trust are prepared under principles and in a format directed by the regulator. 4.2.2 Accounts must disclose a true and fair view of the Trust's income and expenditure and its state of affairs.
4.3	Chair	4.3.1 Leadership of the Board of Directors, ensuring its effectiveness on all aspects of its role and setting its agenda for meetings of the Board of Directors. 4.3.2 Ensuring the provision of accurate, timely and clear information to the Directors and the Council of Governors. 4.3.3 Ensuring effective communication with Officers, patients and the public.

	Board member	Duties delegated
		4.3.4 Arranging the regular evaluation of the performance of the Board of Directors, its Committees and individual Directors. 4.3.5 Facilitating the effective contribution of Non-Executive Directors and ensuring constructive relations between Executive and Non-Executive Directors.
4.4	Board of directors	4.4.1 Meet regularly and to retain full and effective control over the Trust 4.4.2 Collective responsibility for adding value to the Trust, for promoting the success of the Trust by directing and supervising the Trust's affairs 4.4.3 Provide active leadership of the Trust within a framework of prudent and effective controls which enable risk to be assessed and managed 4.4.4 Set the Trust's strategic aims, ensure that the necessary financial and human resources are in place for the Trust to meet its objectives, and review management performance 4.4.5 Set the Trust's values and standards and ensure that its obligations to patients, the local community and the Regulator are understood and met.
4.5	All members of the board of directors	4.5.1 Share corporate responsibility for all decisions of the voting members of the Board of Directors.
4.6	Non-executive directors	4.6.1 To bring independent judgement to bear on issues of strategy, performance, key appointments and accountability through the Regulator and to the local community by: 4.6.1.1 Constructively challenge and contribute to the development of strategy 4.6.1.2 Scrutinise the performance of management in meeting agreed goals and objectives and monitor the reporting of performance

	Board member	Duties delegated
		4.6.1.3 Satisfy themselves that financial information is accurate and that financial controls and systems of risk management are robust and defensible 4.6.1.4 Determine appropriate levels of remuneration of executive directors and have prime role in appointing and where necessary , removing senior management and in succession planning 4.6.1.5 Ensure the board acts in the best interests of the public and is fully accountable to the public for the services provided by the organisation and the public funds it uses. 4.6.2 Sitting on Committees of the Board of Directors.

4. Scheme of delegation of powers from standing orders

SO ref	Delegated to	Duties delegated
1.2	Chair	Final authority on the interpretation of the SOs.
1.2	Chief executive	Advise the Chair on the interpretation of the SOs.
2.9	Board of directors	Appointment of a Senior Independent Director.
3.2	Board of directors	To act as the Corporate Trustee of the Queen Victoria Hospital Trust Charitable Fund.
3.6	Chief executive	Responsible for the overall performance of the executive functions of the Trust. Responsible for ensuring the discharge of obligations under applicable financial directions, the Regulator guidance and in line with the requirements of the NHS foundation trust accounting officer memorandum.
3.7	Finance director	Responsible for the provision of financial advice to the Trust and to members of the Board of Directors and for the supervision of financial control and accounting systems.

SO ref	Delegated to	Duties delegated
3.8	Director of nursing	Responsible for effective professional leadership and management of nursing Officers of the Trust and is the Caldicott guardian.
3.11	Chair	Responsible for the operation of the Board of Directors.
3.11	Chair	Chair all meetings of the Board of Directors and associated responsibilities.
4.2	Chair	Call meetings of the Board of Directors.
4.4	Chair	Sign notices of meetings of the Board of Directors.
4.11	Chair	Give final ruling to permit late requests for items to be included on the agenda for meetings of the Board of Directors.
4.13	Secretary	Include any petition received by the Trust on the agenda for the next meeting of the Board of Directors.
4.25	Chair	Chair all meetings of the Board of Directors.
4.28	Chair	Give final ruling in questions of order, relevancy and regularity of meetings.
4.33	Chair	Have a second or casting vote.
4.39	Board of directors	Suspension of SOs.
4.43	Board of directors	Variation or amendment of SOs.
4.45	Secretary	Prepare minutes of the proceedings of the meetings of the Board of Directors and submit minutes for agreement at the next meeting of the Board of Directors.

SO ref	Delegated to	Duties delegated
4.45	Chair	Sign minutes of the proceedings of meetings of the Board of Directors.
4.48	Chair	Issue directions regarding arrangements for meetings of the Board of Directors and accommodation of the public and press.
5.1	Board	Subject to such directions as may be given by the Secretary of State, the Board may appoint Committees of the Board. The Board shall approve the membership and terms of reference of Committees and shall if it requires to, receive and consider reports of such Committees.
5.17	All	Duty of confidentiality regarding all matters reported to the Board of Directors, or otherwise dealt with by the committee, sub-committee or joint committee if the Board of Directors, or committee or sub-committee has resolved that it is confidential.
6.2	Chair and Chief Executive	The powers which the Board of Directors has reserved to itself with the SOs may in emergency or for an urgent decision be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Board of Directors in public session for formal ratification.
6.6	Chief Executive	The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Board of Directors
6.9	All	Disclosure of non-compliance with Standing Orders to the Chief Executive as soon as possible.
7.4	Secretary / Chair	Where a Director has any doubt about the relevance of an interest, this should be discussed with them.
7.6	Secretary	A register of interests shall be established and maintained.
7.15	Directors	Duty not to solicit for any person any appointment under the Trust or recommend any person for such appointment, and disclose informal discussions outside appointment panels or committees to the panel

SO ref	Delegated to	Duties delegated
		or committee.
7.18	All	Disclose relationship between self and candidate for Officer appointment. (Chief Executive to report the disclosure to the Board of Directors).
7.19	Executive directors	Prior to acceptance of any appointment, disclose to the Chief Executive whether you are related to any other Director or holder of any officer under the Trust.
7.20	Directors	On appointment, disclose to the Board of Directors whether you are related to any other Director or holder of any officer under the Trust.
8.1	Directors and Officers	Comply with the Trust's standards of business conduct policy and relevant codes of conduct.
10.1	Secretary	Keep the Trust's Seal in a secure place.
10.2	Chair and one executive director	Sign to authenticate the seal.
10.3	Finance director and Chief Executive	Approve and sign any building, engineering, property or capital document.
11.1	Chief executive /nominated executive director	Approve and sign all documents which will be necessary in legal proceedings.
11.2	Chief Executive/ nominated officer	Authority to sign any agreement or document (save for deeds) the subject matter of which has been approved by the Board of Directors or a committee thereof.

SO ref	Delegated to	Duties delegated
12.1	Chief Executive	Ensure that existing Directors and Officers and all new appointees are notified of and understand their responsibilities within the SOs and SFIs.

5. Scheme of delegation of powers from standing financial instructions

SFI ref	Delegated to	Duties delegated
1 Introduction		
1.2.1	Chair	Final authority on interpretation of the SFIs.
1.2.1	Chief Executive / director of finance	Advise the Chair on the interpretation of the SFIs.
1.4.1	All	All officers of the trust must comply with the SFIs.
2 Responsibilities and delegation		
2.1.2	Board of directors	Accountable for all of trust functions, even those delegated to the Chair, individual directors or officers.
2.4.1	Chief executive	The chief executive is the trust's accounting officer.
2.4.4	Chief executive	To ensure all existing officers and new appointees are notified of their responsibilities within the SFIs.
2.4.5	Chief Executive & Chair	To ensure suitable recovery plans are in place to ensure business continuity in the event of a major incident taking place.
2.4.6	Chief Executive	To ensure that financial performance measures with reasonable targets have been defined and are monitored, with robust systems and reporting lines in place to ensure overall performance is managed and arrangements are in place to respond to adverse performance.

SFI ref	Delegated to	Duties delegated
2.4.7	Chief Executive	Determine whether powers devolved under the SFIs and the scheme of delegation be taken back to a more senior level.
2.4.8	Chief Executive	To ensure that the trust provides an annual forward plan to the regulator each year.
2.5.1	Director of finance	Responsible for: • Advising on and implementing the trust's financial policies; • Design, implementation and supervision of systems of internal financial control; • Ensuring that sufficient records are maintained to show and explain the trust's transactions, in order to report; • Provision of financial advice to other directors of the board and employees; and • Preparation and maintenance of records the trust may require for the purpose of carrying out its statutory duties.
2.6.1	All	All members of the board of directors and officers of the trust are severally and collectively responsible for security of the trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to the SOs, SFIs and all trusts policies and procedures.
3 Audit		
3.2.1	Audit committee	Provide an independent and objective view of internal control by: • Overseeing internal and external audit services (including agreeing both audit plans and monitoring progress against them);receiving reports from the internal and external auditors (including the external auditor's management letter) and considering the management response; • Monitoring compliance with SOs and SFIs; • Reviewing schedules of losses and compensations and making recommendations to the board of directors;

SFI ref	Delegated to	Duties delegated
		• Reviewing the information prepared to support the annual governance declaration statement.
3.2.3	Chair of the audit committee	Where audit committee considers there is evidence of ultra vires transactions or improper acts or important matters that the audit committee wishes to raise, the matter shall be raised at a full meeting of the board of directors.
3.3.1	Director of finance	In relation to audit, the director of finance is responsible for: • Ensuring there are arrangements to review, evaluate and report on effectiveness of internal financial control by establishment of internal audit function; • Ensuring the internal audit is adequate and meets the NHS mandatory audit standards; • Ensuring the production of annual governance statement for inclusion in trust's annual report; • Provision of annual reports; • Ensuring effective liaison with relevant counter fraud services regional team or NHS protect; and • Deciding at what stage to involve police in cases of misappropriation or other irregularities.
3.3.2	Director of finance/ designated auditors	Entitled to require and receiver without prior notice: • Access to all records, documents, correspondence relating to any financial or other relevant transactions; • Access at all reasonable times to any land, premises or members of the board of directors or officers of the trust; • Production of any cash, stores or other property of the trust under the control of a member of the board of directors or officers; and • Explanations concerning any matter under investigation.
3.4.2	Internal audit	To review, appraise and report on compliance with policies, plans and procedures; adequacy of control, suitability of financial and management data and the extent to which the trust's assets and interests are accounted for.

SFI ref	Delegated to	Duties delegated
3.4.3	Internal audit	To assess the process in place to ensure the assurance frameworks are in accordance with current guidance from the regulator.
3.4.4	Internal audit	To notify the director of finance should any matter arise which involves, or is thought to involve, irregularities concerning cash, stores or other property.
3.4.5	Lead internal auditor	Accountable to the director of finance. Attend meetings of the audit committee and have right of access to all members of the audit committee, the Chair and the chief executive of the trust.
3.5.1	Council of Governors	Appoint external auditor to the trust.
3.5.1	Audit committee	To ensure that external audit is providing a cost effective service that meets the prevailing requirements of the regulator and other regulatory bodies.
3.6.1	Chief Executive and director of finance	Monitor and ensure compliance with guidance issued by the regulator or NHS protect on fraud and corruption in the NHS.
3.6.2	Director of finance	Responsible for the promotion of counter fraud measure within the trust and ensure that the trust co-operate with NHS protect in relation to the prevention, detection and investigation of fraud in the NHS.
3.6.4	Director of finance	Ensure the trust's local counter fraud specialist receives appropriate training in connection with counter fraud measures.
3.6.5	Director of finance	Be satisfied that the terms on which the services of a local counter fraud specialist from an outside organisation are provided are such to enable the local counter fraud specialist to carry out his functions effectively and efficiently.

SFI ref	Delegated to	Duties delegated
3.6.7	Director of finance and local counter fraud specialist	At the beginning of each financial year, prepare a written work plan outlining the local counter fraud specialist's projected work for that financial year.
3.6.11	Director of finance	Prepare a 'fraud response plan' that sets out the action to be taken in connection with suspected fraud.
3.6.12 3.6.13	Director of finance	Inform police if theft or arson is involved. For losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness (except if trivial and where fraud is not suspected), immediately notify the board of directors and the auditor.
3.7.1	Director of finance	To establish procedures for the management of expense claims submitted by officers.
3.7.2	Director of finance	Approval of any expense claims receive older than 3 months.
3.8.1	Secretary	Ensure that all officers are made aware of the trust's standards of business conduct and additional rules in respect of preventing corruption and complying with the bribery act 2010.
3.8.2	All	To notify the secretary of any gift, hospitality or sponsorship accepted (or refused) by any officer on behalf of the trust.
3.8.2	Secretary	To record in writing, notification of any gift, hospitality or sponsorship accepted (or refused) by officers on behalf of the trust.
3.9.1	Director of finance	Report non-compliance with SFIs to the audit committee.
3.9.2	All	To disclose any non-compliance with the SFIs to the director of finance as soon as possible

SFI ref	Delegated to	Duties delegated
4 Annual planning, budgets, budgetary control and monitoring		
4.1.1	Chief Executive	Compile and submit to the board of directors and the regulator, strategic and operational plans.
4.1.2	Director of finance	Prepare and submit the operational plan to the financial and performance committee, the Board of Directors and the regulator
4.1.3	Director of finance	Compile and submit financial estimates and forecasts for both revenue and capital to the Board of Directors.
4.1.4	All	To provide the director of finance with all financial, statistical and other relevant information as necessary for the compilation of such business planning, estimates and forecasts.
4.2.4	Director of finance	Ensure adequate training is delivered on an ongoing basis to enable the Chief Executive and other Officers to carry out their budgetary responsibilities.
4.4.1	Finance and performance committee	Submit budgets to the board of directors for approval.
4.2.4	All directors	To meet their financial targets as agreed in the annual plan approved by the board of directors.
4.3	All	Ensure income and expenditure is contained within budgets. Ensure workforce is maintained within budgeted establishment unless expressly authorised. Ensure non-recurring budgets are not used to finance recurring expenditure. Ensure no agreements are entered into without the proper authority.
4.4.7	Board of Directors/ Chief Executive	Approval of expenditure for which no provision has been made in an approved budget.

SFI ref	Delegated to	Duties delegated
5 Annual accounts and reports		
5.1	Director of finance	Prepare financial returns in accordance with the guidance given by the regulator and the secretary of state for health, the treasury, the trust's accounting policies and generally accepted accounting principles
5.2	Chief Executive	Certify annual accounts.
5.2	Director of finance	Prepare annual account. Submit annual accounts and any report of auditor on them to the regulator.
6 Bank accounts		
6.1–6.6	Director of finance	Manage the trust's banking arrangements including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories.
6.1	Board of Directors	Approve banking arrangements.
7 Financial systems and transaction processing		
7.1-7.8	Director of finance	Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash.
7.9	All	Duty to inform designated finance representatives of money due from transactions which they initiate/deal with.
7.12	Director of finance	Approve arrangements for making disbursements from cash received.
7.14	All	Notify the director of finance if an individual attempts to effect payment in cash over the value of £1,000.
8 Contracts for provision of services to customers		
8.1	Director of finance	Negotiating contracts with commissioners for the provision of services to patients in accordance with the annual plan.

SFI ref	Delegated to	Duties delegated
8.4	Director of finance	Setting the framework and overseeing the process by which provider to provider contracts, or other contracts for the provision of services by the trust, are designed and agreed.
9 Contracts, tenders and healthcare service agreements		
9.1.2	Chief Executive	Ensure that best value for money can be demonstrated for all services provided under contract or in-house.
9.1.2	All	Ensure contracts are best value for money at all times and to review all contracts prior to signing.
9.1.3	Director of finance	Advise the Board of Directors regarding the setting of thresholds above which quotations or formal tenders must be obtained, establish procedures to ensure that competitive quotations and tenders are invited for the supply of goods and services and ensure that a register is maintained of all formal tenders.
9.4.1	Director of finance	Establish procedures to carry out financial appraisals and shall instruct the appropriate requisitioning officer to provide evidence of technical competence.
9.5.6	Director of finance	Establish procedures to ensure that tenders are opened and documented appropriately and within an agreed timescale.
9.5.7	Chief Executive/ director of finance	Approval of awarding of contracts for which tendering is deemed not strictly competitive.
9.5.8	Chief Executive/ Director of finance	Where one tender is received will assess for value for money and fair price.
9.5.9	Director of finance	Decision to accept tenders after the deadline but before opening of the other tenders.
9.6.1	Director of finance	Enquiries concerning the financial standing and financial suitability of approved contractors.

SFI ref	Delegated to	Duties delegated
9.10.4	Director of finance	Ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.
9.11.2	Chief Executive	Nominate officers to commission service agreements with providers of healthcare.
9.12.3	Chief Executive	Nominate an officer who shall oversee and manage each contract on behalf of the trust.
9.14.1	Chief Executive	Ensure that best value for money can be demonstrated for all services provided on an in-house basis.
10 Terms of service, officer appointments and payments		
10.1.1	Board of Directors	Establish a nomination and remuneration committee.
10.2.3	Chief executive	Present to the board of directors procedures for determination of commencing pay rates, conditions of service etc. for Officers.
10.3.1	Board of Directors	Delegate responsibility to the director of human resources for: • Ensuring that all officers and executive directors are issued with a contact of employment in a form approved by the board of directors and which complies with employment legislation; and • Dealing with variations to, or termination of, contracts of employment.
10.4.1	Director of finance	Make arrangement for the provision of payroll services to the trust to ensure the accurate determination for any entitlement and to enable prompt and accurate payment to officers.
10.4.2	Director of finance and director of human resources	Responsible for establishing procedures covering advice to managers on the prompt and accurate submissions of payroll data to support the determination of pay.
10.4.3	Director of finance	Issue detailed procedures covering payments to officers.

SFI ref	Delegated to	Duties delegated
10.5.1	Director of finance, director of human resources	Approve advances of pay.
11 Non-pay expenditure		
11.1.1	Board of Directors	Approve the level of non-pay expenditure on an annual basis.
11.1.1	Chief Executive	Determine the level of delegation to budget managers.
11.1.2	Chief Executive	Set out the list of managers who are authorised to place requisitions for the supply of goods and services, and , the financial limits for requisitions and the system for authorisation above that level.
11.1.3	Budget managers	To appoint nominees who must be approved by the director of finance, and to remain responsible for the actions of nominees when they act in place of the budget manager.
11.1.4	Chief executive	Set out procedures on the seeking of professional advice regarding the supply of goods and services.
11.2.1	All	In choosing the item to be supplied or the service to be performed, shall always obtain best value for money for the trust.
11.2.3	Director of finance	Responsible for the prompt payment of accounts and claims.
11.3.1	Director of finance	• Advise the board of directors regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained. • Prepare detailed procedures for requisitioning, ordering, receipt and payment of goods, works and services. • Be responsible for the prompt payment of all properly authorised accounts and claims. • Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. • Ensure a system for submission to the director of finance of accounts for payment.

SFI ref	Delegated to	Duties delegated
		• Maintain a list of officers, including specimens of their signatures, authorised to certify any type of payment. • Delegate responsibility for ensuring that payment for goods and services is only made once goods/services are received. • Prepare and issue procedures regarding vat.
11.4.1	All	Fully comply with the procedures and limits specified by the director of finance.
11.5.1	Director of finance	Approve proposed prepayment arrangements.
11.2.9	Chief Executive/ director of finance	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within health building note 00-08.
11.3.1	All	Ensure that contracts with individuals or with individuals working through a limited company are appropriately authorised, provide value for money and do not expose the trust or the individual to tax and HMRC compliance risks.
12 Equity investments, external borrowing, public dividend capital and mergers and acquisitions		
12.1.1	Director of finance	Produce an investment policy in accordance with any guidance received from the regulator.
12.1.3	Director of finance	Prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.
12.2.1	Director of finance	Advise the board of directors concerning the trust's ability to pay interest on, and repay the public dividend capital (PDC) and any proposed commercial borrowing.
12.2.2	Director of finance	Applications for a loan or overdraft.
12.2.3	Director of finance	Prepare detailed procedural instructions concerning applications for loans and overdrafts.

SFI ref	Delegated to	Duties delegated
12.2.4	Director of finance	Approval of short terms borrowing requirements.
12.3.1	Board of Directors	Review and approval of special purpose vehicles, joint ventures with other entities and mergers and acquisitions.
12.3.2	Board of Directors	Approve any mergers or acquisitions in accordance with the constitution.
13 Capital investment and assets		
13.1.1	Chief Executive	• Ensure adequate appraisal and approval processes are in place for determining capital expenditure priorities. • Management of all stages of capital schemes and for ensuring that schemes are delivered on time and to planned cost. • Ensure investment is not undertaken without confirmation, where appropriate, of responsible director's support and the availability of resources to finance all revenue consequences.
13.2.1	Director of finance	Prepare detailed procedural guides for the financial management and control of expenditure on capital assets, including the maintenance of an asset register.
13.2.2	Director of finance	Implement procedures to comply with guidance on valuation contained within the treasury's guidance.
13.2.3	Director of finance	Establish procedures covering the identification and recording of capital additions.
13.2.4	Director of finance	Develop procedures covering the physical verification of assets on a periodic basis.
13.2.5	Director of finance	Develop policies and procedures for the management and documentation of asset disposals.
13.3.1	Chief Executive	Responsible for the maintenance of registers of assets, taking account of the advice of the director of finance regarding the form of any register.
14 Stores and receipts of goods		

SFI ref	Delegated to	Duties delegated
14.1.1	Chief Executive	Delegate overall responsibility for the control of stores.
14.1.1	Director of finance	Responsible for systems of control.
14.1.3	Pharmaceutical officer	Responsible for the control of any pharmaceutical stocks.
14.1.5	Director of finance	Set out procedures and systems to regulate the stores including records for receipt of goods, issues and returned to stores and losses.
14.1.6	Director of finance	Agreed stocktaking arrangements.
14.1.7	Director of finance	Approval of alternative arrangements where a complete system of stores control is not justified.
14.2.1	Chief executive	Identify those officers authorised to requisition and accept goods from the NHS supply chain.
15 Disposals and condemnations, losses and special payments		
15.1.1	Director of finance	Prepare detailed procedures for the disposal of assets including condemnations, and ensure members of the board of directors and relevant officers are notified of this.
15.1.2	Head of department	Advise the director of finance of the estimated market value of the item to be disposed of.
15.2.1	Director of finance	Approve form to in which to record the condemning of unserviceable assets and provide a list of officers to countersign entries.
15.2.3	Condemning officers	Report evidence of negligence in use of assets to the director of finance.

SFI ref	Delegated to	Duties delegated
15.3.1	Director of finance	Prepare procedural instructions on the recording of and accounting for condemnations, losses and special payments.
15.3.2	All	Report discovered or suspected losses of any kind to their manager.
15.3.2	Managers	Report discovered or suspected losses of any kind to the chief executive and director of finance.
15.3.3	Director of finance	Immediately inform the police if theft or arson is involved in a suspected criminal offence.
15.3.4	Director of finance	Inform the trust's local counter fraud specialist (LCFS) and NHS Protect in cases of fraud or corruption.
15.3.5	Director of finance	Notify the audit committee, LCFS and the external auditors of all frauds.
15.3.6	Director of finance	Notify the board of directors, external auditor and the audit committee, at the earliest opportunity of losses apparently caused by theft, arson, or neglect of duty, except if trivial, or gross carelessness.
15.3.8	Director of finance	Take steps to safeguard the trust's interest in bankruptcies and company liquidators. Consider whether any insurance claim can be made for any losses incurred by the trust.
15.2.8	Director of finance	Maintain a losses and special payments register in which write-off action is recorded and regularly report losses and special payments to the audit committee on a regular basis.
16 Information technology		
16.1	Director of finance	Responsible for the accuracy and security of the computerised financial data of the trust and shall: • Devise and implement any necessary procedures to ensure adequate and reasonable protection of the trust's data, programmes and computer hardware; • Ensure that adequate and reasonable controls exist over data entry, processing, storage, transmission and output;

SFI ref	Delegated to	Duties delegated
		• Ensure that adequate controls exist such that computer operation is separated from development, maintenance and amendment; • Ensure that an adequate audit trail exists through the computerised system; • Ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation; and • Publish and maintain a freedom of information (FOI) publication scheme.
16.2.1	Director of finance	Ensure that contracts for computer services for financial applications clearly define the responsibility of all parties and ensure rights of access for audit purposes.
16.2.2	Director of finance	Periodically seek assurances that adequate controls are in operation.
16.3.1	Director of finance	Ensure that risks to the trust arising from the use of information technology are effectively identified, considered and appropriate action taken to mitigate or control risk.
16.4.1	Director of finance	• Ensure that systems acquisition, development and maintenance are in line with corporate policies such as the trust's information technology strategy. • Ensure that data produced is complete and timely and accessible to the trust's finance officers. • Ensure computer audit reviews are carried out as necessary.
17 Patients' property		
17.3	Chief Executive	Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission.
17.4	Director of finance	Provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all officers whose duty is to administer, in any way, the property of patients.

SFI ref	Delegated to	Duties delegated
17.5	Senior officers	Inform officers, on appointment, their responsibilities and duties for the administration of the property of patients.
18 Retention of records		
18.1	Chief Executive	Maintain archives for all documents required to be retained in accordance with the regulator and/or secretary of state guidelines.
18.2	Chief Executive	Produce a records lifecycle policy, detailing the secure storage, retention periods and destruction of records to be retained.
19 Risk management and insurance		
19.1	Chief Executive	Ensure that the trust has a programme of risk management which shall be approved and monitored by the board of directors.
19.3	Chief Executive	Responsible for ensuring that the existence, integration and evaluation of the above elements will provide a basis to make a statement on the effectiveness of internal financial control within the annual report and annual accounts.
19.4	Director of finance	Ensure that insurance arrangements exist in accordance with the trust's risk management policy.
20 Funds held on trust (charitable funds)		
20.5	Director of finance	Ensure that funds held on trust (charitable funds) are administered in line with statutory provisions, the trust's governance documents and charity commission guidance. Prepare procedural guidance in relation to the management and administration, disposition, investment, banking, reporting, accounting and audit of the funds held on trust (charitable funds) for the discharge of the board of directors responsibilities as the corporate trustee.

7 Financial limit delegation

REF	Duties delegated	Delegated to
1	**Virements (reallocation of budgets)**	
	Within a Business Unit/Directorate	Level 2 Officers responsible for cost centres
	Between Business Units/Directorates	Responsible Directors
	All other virements (e.g. Between revenue and capital)	Responsible Directors AND Director of Finance
2 approval of business cases and service developments (Does not include setting of pay and non-pay budgets as part of annual planning process) **Note: Applies to all business cases and service developments and those within budgetary limits only.**		
2.1	**Revenue expenditure (5 year value)**	
	Up to £250,000	~~Executive Management Team~~Director of Finance (recommended by EMT)
	£250,001 to £1,000,000	Director of Finance AND Chief Executive Officer (recommended by Hospital Management Team & Finance and

		Performance Committee OR Digital Committee for digital business cases)
	Over £1,000,000	Board of Directors
2.2	**Capital expenditure and disposals** **The Capital plan is agreed at the beginning of the year by the Hospital Management Team. Then all plans are monitored through Capital Planning Group. If post procurement the project has increased by more than 20% or above £50,000 above the original planning values the following approvals will be required.**	
	Up to £2~~50~~0,000	~~Executive Management Team~~Director of Finance (recommended by EMT)
	£2~~50~~0,000 to £1,000,000	Director of Finance AND Chief Executive Officer (recommended by Hospital Management Team & Finance and Performance Committee OR Digital Committee for digital capital expenditure and disposals)~~Hospital Management Team~~
	Over £1,000,000	Board of Directors

3 Quotations, tenders and selection of suppliers Also refer to the Procurement Department for further guidance: in many cases goods and services will already have been subject to a competitive exercise and there may be no requirement for further quotations or competition.		
3.1	**Capital/revenue expenditure**	**Minimum requirements**
	Up to £5,000	1 Written quote (Authorised by Budget Manager)
	£5,001 to £50,000	3 Written quotes (Authorised by Budget Manager)
	£50,001 to WTO GPA Threshold (contact procurement department for current value)	Competitive Tender Exercise (Level 2 Manager AND Director of Finance)
	Over WTO GPA threshold (see note below – threshold is different for works and non-works)	WTO GPA Directive Requirements (Relevant Director AND Director of Finance)

	Note: Written quotes may be accepted via email, and may not be required if a particular requirement has already been completed under a framework whose terms do not require further competition (the Head of Procurement must be consulted and give approval in such cases). The Head of Procurement must be consulted for advice as to the nature of the exercise (e.g. tender, mini-competition against a framework) for any procurement with the whole life value of £50,000 (inclusive of VAT) and above. **All thresholds apply to the aggregate value of orders, which may be across different areas of the Trust.** All Officers must consult the Procurement Department for guidance if they are unsure, who are jointly responsible with the approver for ensuring that thresholds are not breached trust-wide. The WTO GPA threshold refers to the World Trade Organisation Government Procurement Agreement Directive threshold for a procurement exercise to include publication on Find a Tender. As these thresholds regularly change and the Public Procurement Regulations are periodically updated, all Officers must consult the Procurement department for guidance. Where a public contract is awarded above £10,000 (including framework call-offs) it must be published as an awarded opportunity notice on Contracts Finder to comply with transparency requirements.	
3.2	**Quotation and tenders process waivers** Waiving of tender and quotation for items where estimates expenditure is less than £25,000 but greater than £5,000 (less than £5,000 requires only 1 quote) Waiving of tender and quotation procedures for items where estimated expenditure is greater than £25,000 not expected to exceed WTO GPA procurement thresholds.	Director of Finance, (when Director of Finance is unavailable, Chief Executive), or Chief Executive (when Director of Finance has commissioned the item) Director of Finance, (when Director of Finance is

	Waiver above the WTO GPA level will require final approval and authorisation by the Chief Executive Officer clearly stating the circumstances under which the Procurement Regulations are to be waived, following review at EMT and Audit Committee.	unavailable, Chief Executive) or Chief Executive (when Director of Finance has commissioned the item)

3.3	**Opening tenders** Electronic tenders received through on line e-Tendering tool.	Head of Procurement or Director of Finance (in absence of Head of Procurement)
4 committing expenditure		

4.1	**Revenue and non-capital works expenditure within approved financial plans or business** plans	
	Up to £5,000	Budget Manager
	Up to £10,000	Level 2 Manager (Officer)
	Up to £50,000	Responsible Director
	Up to £250,000	Director of Finance
	Up to £1,000,000	Director of Finance AND Chief Executive
	Over £1,000,000	Board of Directors
4.2	**Approval of purchase invoices for revenue and capital**	
	Up to £5,000	Budget Manager
	Up to £10,000	Level 2 Manager (Officer)
	Up to £50,000	Responsible Director
	Up to £250,000	Director of Finance
	Up to £1,000,000	Director of Finance AND Chief Executive
	Unlimited	Chief Executive on behalf of Board of Directors

4.3	**Granting and termination of equipment leases and credit finance**	
	Trust's employee lease car scheme	Deputy Director of Finance
	Leases/arrangements up to £3,000,000 (total primary lease term payments or credit finance obligations)	Chief Executive
	Over £3,000,000 (total primary lease term payments or credit finance obligations)	Board of Directors
4.4	**Agreements and licences**	
	Letting or licencing of premises to or from other organisations (see also section 5 below for guidance on who can sign these agreements)	Associate Director of Estates
	Where annual charge does not exceed £10,000 and term does not exceed five years	Associate Director of Estates
	Where annual charge exceeds £10,000 or term exceeds 5 years	Director of Finance
	Signing of Landlord and Tenant Act notices relating to the acquisition or granting of leases	Associate Director of Estates & Director of Finance
4.5	**Condemning and disposal**	
	Items obsolete, obsolescent, redundant, irreparable or unable to be repaired cost effectively	Responsible Director
	Up to £5,000 (carrying value)	Director of Finance (may be delegated in specific cases in writing, but no lower than to a level 2 manager)
	Over £5,000 (carrying value)	
	Transfer or sale of assets to another organisation	

		Director of Finance Director of Finance

4.6	**Losses, write-offs and compensation**	
4.6.1	Losses of cash, Damage or loss of buildings, fittings, furniture, equipment or property in stores, Compensation payments made under legal obligation (excluding clinical negligence), Write off of Debtors (including Salary Overpayments) Up to £10,000 Up to £50,000 Over £50,001	 Deputy Director of Finance Director of Finance Board of Directors
4.6.2	Fruitless Payments (including abandoned capital schemes) Up to £10,000 Up to £50,000 Over £50,001	 Deputy Director of Finance Director of Finance Board of Directors
4.6.3	Ex-Gratia payments to patients and Officers for loss of personal effects. Police report required for losses over £100. Up to £10,000 Up to £50,000 Over £50,001	 Deputy Director of Finance Director of Finance Board of Directors

4.6.4	Ex-Gratia payments for clinical negligence or personal injury claims involving negligence or any other ex-gratia payments (where legal advice obtained and followed) up to £50,000 £50,001 to £100,000 over £100,000	 Director of Finance Chief Executive and Director of Finance Board of Directors
4.6.5	Reimbursement of patients monies	Financial Services Manager
4.6.6	Removal expenses, excess rent and house purchase expenses	Director of Workforce
4.6.7	Contractual and non-contractual severance payments and all non-contractual payments, excluding Directors. Up to £20,000 Over £20,000 **Note:** All special payments require Treasury approval and shall be submitted via the Director of Finance to the Regulator for Treasury approval.	 Director of Workforce Chief Executive

4.7	**Expenditure from charitable funds** Up to £2,000 Up to £20,000 Over £20,000	 Two from relevant fund holder orDirector of Finance, QVH Charity Committee Corporate Trustee
5 signature of legally binding documents **(All individuals signing contracts have a responsibility to review and assure themselves that they provide value for money and that due care has been exercised in their preparation, with formal legal advice provided if necessary. This applies to contracts that appear to have no financial value, as these might have financial or non-financial implications from termination)**		
5.1	Signature to approve invoices or otherwise commit expenditure (e.g. engagement letter), without any further legally binding obligations.	See Section 4 (Committing Expenditure)
5.2	Signature of any document that will be a necessary step in legal proceedings involving the Trust(excluding valuation tribunal appeals and similar day-to-day property-related matters).	Chief Executive (unless the Board has specifically given the necessary authority to another individual for the purposes of such proceedings)
5.3	Signature of the following property documents when part of day to day business and within approved business plans and financial envelopes: • Notices to activate rent reviews and lease expiries • Notices requiring signature on the granting of leases and licences • Licences permitting alterations or minor works by us in third party property or by others in our properties.	Associate Director of Estates

5.4	Signature of other contracts or other legally binding documents not required to be executed as a deed (see Standing Orders for guidance on documents to be executed as a deed), the subject matter and nature of which has been approved by the Board or committee to which the Board has delegated appropriate authority.	
	Up to £10,000	Budget Manager
	Up to £50,000	Level 2 Manager (Officer)
	Up to £100,000	Responsible Director
	Up to £250,000	Director of Finance
	Up to £1,000,000	Director of Finance AND Chief Executive
	Over £1,000,000	Board of Directors

6 setting of fees, charges and income		
6.1	Private patient, overseas visitors, income generation and other patient related services	Associate Director Business Development
6.2	Price of NHS contracts Setting fees and charges for contracts up to £50,000 per annum Setting fees and charges for contracts over £50,000 per annum	 Relevant director Director of Finance
6.3	Authorisation of income credit notes £500 £5,000 £50,000 £250,000 £500,000 Over £500,000	 Budget managers Level 2 managers, Financial Services Manager and Associate Director Business Development Associate Director of Business Development Director of Finance Chief Executive Board of Directors

7	Department of Health Interim Revenue Support Where the Trust is trading at a deficit there will be a cash support requirement from the Department of Health and Social Care (DHSC) to maintain operations. The total cash support requirement will be approved by the Board as part of the annual planning process. The cash support will be provided via an interim revenue support loan from the DHSC. The approval of the loan for the drawdown of the cash will be authorised per the limits below. Details of all loan agreements are reported to and overseen by the Finance and Performance Committee with prior approval by the Board through the agreement of the Operating Plan submission.	
7.1	£0- £1,000,000 £1000,001 - £2,000,000 Above £2,000,000	Director of Finance Director of Finance and Chief Executive Board of Directors

Terms of reference

NAME OF GOVERNANCE BODY

Digital Committee

CONSTITUTION

The Digital Committee ("the Committee") is a standing committee of the Board of Directors, established in accordance with the Trust's standing orders, standing financial instructions and Constitution.

ACCOUNTABILITY

The Committee is accountable to the Board of Directors for its performance and effectiveness in accordance with these terms of reference.

AUTHORITY

The Committee is authorised by the Board of Directors to seek any information it requires from within the Trust and to commission independent reviews and studies if it considers these necessary.

PURPOSE

The purpose of the Committee is to:

- Review and approve digital businesses cases, recommending for further approval as appropriate in accordance with the scheme of delegation
- Assure the Board of Directors of the delivery and management of all digital projects and programmes

To provide assurance the Committee will maintain a detailed overview of:

- Progress against plan for all digital projects and programmes
- The management of risks, both programme and corporate, appropriate to the Committee's remit

To fulfil its purpose, the Committee will also:

- Identify the key issues and risks requiring discussion or decision by the Board of Directors
- Advise on appropriate mitigating actions
- Make recommendations to the Board of Directors as to the amendment or modification of the Trust's strategic initiatives in the light of changing circumstances or issues arising from implementation

DUTIES AND RESPONSIBILITIES

Duties

Digital projects & programmes

- Oversight of all digital projects and programmes for QVH
- Review and approval of digital investment in accordance with the scheme of delegation
- Assurance that QVH projects and programmes align with the strategic ambitions of the NHS locally and nationally
- Assurance that risks related to digital projects and programmes are appropriately managed
- Assurance on financial control related to all digital projects and programmes

- Evaluate emerging digital opportunities on behalf of the Board of Directors.

Corporate & digital programme risks

- Review corporate risks allocated to the Committee for oversight and the implementation and monitoring of remedial actions
- Review and assess risks that have been escalated from the digital programmes that report to the Committee, where appropriate these will be escalated to the Board of Directors

Responsibilities

The Committee will oversee and provide assurance on the delivery of the QVH IM&T strategy, ensuring plans and services are aligned to local and national objectives. It will be responsible for oversight of all digital projects and programmes across the Trust to ensure objectives are aligned and resources are being effectively managed.

The Digital Board will make recommendations to the Board of Directors in relation to:

- Digital business cases and development opportunities
- Capital and other investment programmes related to digital
- Emerging digital opportunities

CHAIRING

The Committee shall be chaired by a non-executive director, appointed by the Trust Chair following discussion with the Board of Directors.

If the Chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by one of the other non-executive director members of the Digital Board.

MEETINGS

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's codes of conduct.

The Committee will meet bi-monthly.

The Chair of the Committee may cancel, postpone or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

SECRETARIAT

The Deputy company secretary or their nominee shall be the secretary to the Committee and shall provide administrative support and advice to the chair and membership. The duties of the secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the chair.
- Organisation of meeting arrangements, facilities and attendance.
- Collation and distribution of meeting papers.
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward.

MEMBERSHIP

Members with voting rights

The following postholders are members of the Committee and shall have full voting rights:

- Two Non-Executive Directors (including Digital Committee chair)
- Chief Executive
- Chief Finance Officer
- Director of Operations

- Digital lead nurse (Chief Nurse to represent until post filled)
- Chief Information Officer
- Chief Clinical Information Officer
- Chairs of digital progamme working groups

In attendance without voting rights
The following posts shall be invited to attend meetings of the Committee in full or in part, but shall neither be a member nor have voting rights.

- The secretary to the Digital Commitee (for the purposes described above)
- Digital programme leads
- Any member of the Board of Directors or senior manager considered appropriate by the chair of the Committee.

QUORUM

For any meeting of the Committee to proceed, one non-executive director and one executive director member must be present.

ATTENDANCE

Members and attendees are expected to attend all meetings or to send apologies to the Chair and secretary of the Committee at least five clear days* prior to each meeting.

Attendees may, by exception and with the consent of the Chair, send a suitable deputy if they are unable to attend a meeting. Deputies must be appropriately senior and empowered to act and vote on behalf of the Committee member.

PAPERS

Papers to be distributed to members and those in attendance at least three clear days* in advance of the meeting.

REPORTING

Minutes of the Committee meetings shall be recorded formally and ratified by the Committee at its next meeting.

The Chair shall prepare a report of the latest Committee meeting for submission to the Board of Directors at its next formal business meeting. The report shall draw attention to any issues of concern and any significant opportunities.

REVIEW

These terms of reference shall be reviewed annually or more frequently if necessary. The review process should include the company secretarial team for best practice advice and consistency.

The next scheduled review of these terms of reference will be undertaken by the Committee in December 2023 in anticipation of approval by the Board of Directors at its meeting in March 2023.

*DEFINITIONS

In accordance with the Trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**12/01/2023**		**Agenda reference:**	**211-23**	
Report title:	**Audit committee assurance update**				
Sponsor:	Kevin Gould, audit committee Chair				
Author:	Kevin Gould, audit committee Chair				
Appendices:	None				
Executive summary					
Purpose of report:	To provide assurance to the Board in relation to matters discussed at the audit committee meeting on 7 December 2022.				
Summary of key issues	The Committee received a report on the assurance framework for KSO 5 and the annual review of whistleblowing arrangements. A plan for the 2023 external audit was received from KPMG. Updates on Internal Audit and Counter Fraud were received from RSM.				
Recommendation:	The Board is asked to **note** the contents of this report.				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	KSO1: ***Outstanding patient experience***	KSO2: ***World-class clinical services***	KSO3: ***Operational excellence***	KSO4: ***Financial sustainability***	KSO5: ***Organisational excellence***
Implications					
Board assurance framework:	Internal audit reports were received and the assurance framework for KSO 5 was reviewed				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	Audit committee				
	Date:	7/12/22	Decision:		
Next steps:	NA				

Report to:	Board Directors
Agenda item:	211-23
Date of meeting:	12 January 2023
Report from:	Kevin Gould, committee Chair
Report author:	Kevin Gould, committee Chair
Date of report:	3 January 2023
Appendices:	None

Audit committee report
Meeting held on 7 December 2022

1. The Committee received an update on the assurance framework for KSO 5 from the Interim Director of Workforce and OD and a verbal report from the Chair of the Finance and Performance Committee describing the assurance that committee receives on KSO 5.

2. The Committee received the annual review of whistleblowing arrangements and discussed the various mechanisms in place to facilitate the raising of concerns. There was further discussion on the themes being raised and on how these are addressed.

3. The Committee received the annual trust policy status report, noting the progress achieved but that there are still some policies outstanding for longer than 6 months.

4. The annual review of Standards of Business conduct policy and report of breaches was received. The Committee again noted challenges in getting full compliance. Further steps were agreed to increase compliance.

5. The Chair presented the results of the Committee's self-assessment, and the Terms of Reference were reviewed with minor changes proposed for approval by the Board.

6. KPMG presented an indicative plan for the Trust's 2022/23 audit and its final report on the 2021/22 audit of the QVH Charitable Fund.

7. RSM presented an update on the Internal Audit plan. Four reports had been completed since the previous meeting:
   - IT Clinical Systems (Partial Assurance, one High priority action)
   - Infection Control (Reasonable Assurance, no High priority actions)
   - Green Plan (Reasonable Assurance, no High priority actions)
   - Financial Sustainability (Advisory, no High priority actions)

   The Committee reviewed and discussed the outstanding management actions, noting the good progress that continues to be made.

8. The Committee received a report on the progress of Counter Fraud activity.

9. The Committee reviewed financial reports including details of waivers and invoices with no purchase order.

There were no other items requiring the attention of the Board.

Recommendation
The Board is asked to **note** the contents of the report.